DOCUMENT RESUME

ED 403 033 PS 024 921

AUTHOR	Cunningham, Michelle Doucette
TITLE	Connecticut's Children: Still at Risk.
INSTITUTION	Connecticut Association for Human Services, Hartford.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.
REPORT NO	ISBN-1-885144-08-3
PUB DATE	Apr 94
NOTE	183p.; For 1995 update, see PS 024 922 and for 1996 update, see PS 024 923.
AVAILABLE FROM	Connecticut Association for Human Services, 110 Bartholomew Avenue, Suite 4030, Hartford, CT 06106 ($9.95).
PUB TYPE	Statistical Data (110) -- Reports - Descriptive (141)
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	Academic Achievement; Adolescents; Birth Weight; Child Abuse; Children; Child Support; *Child Welfare; Day Care; Delinquency; Drug Abuse; Early Parenthood; English (Second Language); Foster Care; Housing; Hunger; Infant Mortality; Mental Health; One Parent Family; Poverty; Sexual Abuse; *Social Indicators; Special Education; Suicide; Television Viewing; Victims of Crime; Violence; *Well Being
IDENTIFIERS	Aid to Families with Dependent Children; *Connecticut; *Indicators; Project Head Start; Vaccination

ABSTRACT

Recent surveys of Americans reveal that most think children are worse off today than they were 10 years ago. This report on child well-being in Connecticut reveals that such intuitions are correct: in the 10 years since the publication of "Growing Up at Risk in Connecticut," children in the state have become more likely to be victims or perpetrators of violence, less likely to live with two parents, and more likely to become parents themselves. The report has three sections. Part A examines broad issues in the lives of the state's children and covers four areas: economic security, health, education, and emotional well-being. Explored under these headings are topics such as housing, hunger, child care, violence, access to health insurance, and child abuse. Part B looks in more detail at 11 important indicators of child well-being and two demographic measures. Each indicator is detailed in a separate table, comparing different cities and regions of the state. Regions with rates worse than the state-wide rate are highlighted. Indexes to the towns and regions, and a map of these regions, are included at the beginning of this section. Part C of the report provides the same information presented in Part B, but is organized by region instead of indicator. Where possible, the rate for the region is shown as a percentage better or worse than the state-wide rate. An explanation of the methodology used in each section appears with its table of contents. (EV)

Connecticut's Children:

Still at Risk

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The Connecticut Association for Human Services (CAHS) is an independent nonprofit research, public education and policy development organization committed to promoting the health and well-being of our state's residents – young and old alike. CAHS serves as a catalyst, working with diverse constituencies throughout the state to ensure the provision of human services that are of the highest quality, responsive to people's needs and cost-effective.

Founded in 1910 as the Conference on Charities and Corrections, the Association was reorganized in 1974 as CAHS. Our membership includes concerned citizens, religious leaders, corporations, labor leaders, human services professionals and organizations, educators, and policymakers. We welcome your membership and support.

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Photographs by Sandy Hale
Design by Stanford Design
Printed in the United States of America
April, 1994, First Edition

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Connecticut's Children:

Still at Risk

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Published by
THE CONNECTICUT ASSOCIATION FOR HUMAN SERVICES
Matthew E. Melmed, Executive Director
Helen D. Ward, Deputy Director

Acknowledgements

**This book could not have been produced and disseminated without the help of many people.
The contributions of the following individuals and organizations were invaluable.**

None of this work would be possible without the generous support of our funders.
We thank the Annie E. Casey Foundation for the multi-year commitment it has made to
supporting the development of this book and our entire KIDS 2000 project.
We also thank the Foundation for its vision in creating
the national KIDS COUNT initiative of which KIDS 2000 is a part.

Our thanks also go to Shawmut Bank and Connecticut Light & Power for the major support
they are providing to publish this book and for the many other ways they contribute to CAHS.

Additionally, we thank the George A. Long and Grace L. Long Foundation for its grant which
helped fund collection of Hartford data as well as publicity in the Hartford area for this book.

Similarly, the staff of CAHS offered advice, reviewed and edited drafts of the text, and offered
personal support throughout the year of research and writing that produced this book.
All of them (listed on the inside front cover) helped make this book a reality.

Many people and organizations helped us to identify the data used in this book,
actually provided the data, and reviewed drafts of the text:
Mary Adams, Camille Jackson Alleyne, Federico Amadeo, Celeste Ashe-Johnson, Ray Beauregard, Shelley Best,
Gary Blau, Rick Brandon, Deborah Burns, Gail Burns-Smith, Terry Cassidy, Marcie Cavacas, Pat Checko, Alan Darling,
Frances Del Boca, Dennis Dix, Frank Driscoll, Jack Dwyer, Steve Eppler-Epstein, Stewart Flavell, Delores Franks,
Sherry Haller, Gene Interlandi, Don Iodice, Gordon Joachim, Gary Lukasewski, Garry Lapidus, Steve Marans, Jane McNichol,
Lloyd Mueller, Tom Murphy, Catherine Oleksiw, Kathryn Porter, Peter Prowda, Doug Rindone, Marie Roberto,
Norma Schatz, Mary Schwab-Stone, John Sepulveda, Craig Smith, Judy Solomon, Marian Storch,
Phil Tegeler, Lauren Weisburg-Kaufman, Barbara Parks Wolf, and David Zacchei.

In addition, we would like to thank the Junior League of Hartford, for collaborating with us
to publish the first book on the well-being of Connecticut's children ten years ago;
Kelvin Pollard of the Population Reference Bureau and Paul Smith of the Children's Defense Fund
for providing technical advice on the use of data.

Special thanks go to: our photographer, Sandy Hale, and to all of the people
she photographed to make this book come alive;
to Lynn Stanford for taking such a personal interest in the "look of the book";
to Tom Bradley and Alan Maislen of Mintz & Hoke for helping to make the text more readable; and
to Judy Weitz, Jennifer Baratz, Bill O'Hare and other states' KIDS COUNT projects for
their hard work that makes this report part of a national initiative.
Tremendous thanks also go to Lisa Siegal, who volunteered many hours
in the library researching information for this book.

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Introduction

This book is a comprehensive examination of the status of children in Connecticut. Ten years have passed since we published *Growing Up At Risk In Connecticut*, our last broad study of the state's children. We had hoped to have better news in this report. We don't.

Recent surveys of Americans reveal that most of us think children are worse off today than they were ten years ago. We decided the time had come to revisit Connecticut's children and measure how close our intuitions were to reality. The sad truth can be found in this study's title, *Connecticut's Children: Still At Risk*.

The following pages document how hundreds of thousands of children in our state are not meeting their potential. They are born too small, and are unhealthy, uneducated and in emotional and physical pain. They experience things that no child — no adult — should have to experience. They fear everyone and everything, or they are fearlessly self-destructive.

As a group, children in Connecticut are not better off than they were in 1984. This book documents the many ways in which they are more at risk. They are more likely to be victims or perpetrators of violence, less likely to live with two parents, and more likely become parents themselves. The areas which have improved for some children are not enough to counterbalance the overwhelming worsening trends. Aggravating those trends is the growing racial and economic isolation that denies children from all backgrounds the richness that contact with one another could bring.

Connecticut has made some attempts to help children, but not to the degree necessary to save them. For example, today we are better able to measure how well our children are learning. More of our children receive early screening for lead poisoning. But the scale of our efforts must increase dramatically before it will have a substantial effect on the complex problems our children face.

To make the best decisions about how to help our children, we must first know the facts. The purpose of this book is to provide those facts. It is full of carefully collected and analyzed numbers and statistics, and it documents trends over time and differences among our state's regions. Too often numbers are looked at in isolation, rather than as part of a larger picture. Children's lives encompass many areas, including education, health care, child care, housing, nutrition, recreation, mental health and more. This book ties together the various aspects of children's lives and provides a comprehensive view of the well-being of Connecticut's young citizens.

A secondary purpose of this book is to identify ways we can improve our methods of collecting information about our children. During the year of research that went into this book, we found severe gaps in the information that was available about children. There is little up-to-date data on mental health, hunger, teen sexuality, homelessness and health insurance. We would like to tell you in this report exactly how many children in our state need mental health services, or went to bed hungry this year, or had sexual intercourse, or do not have a house or apartment to call home, or do not go to the doctor because their parents cannot afford it. We can't.

In many cases, information has been collected, but not put in any useful form. More resources spent on analysis of data could help target investment in children's programs for greater effectiveness and impact. In times of limited financial resources, some may argue that dollars are better spent on direct services than analysis. But past experience in Connecticut and other states shows us that to invest our money wisely, we must know which programs work and which don't. And we need to know where we can target funds so they will do the most good. To do this, we need information and analysis. This book is only the beginning.

This book kicks off a larger CAHS initiative called KIDS 2000. It is the first in a series of publications concerning our children. The next step is to provide a framework for solving some of the most pressing needs of children in our state. The program will be coordinated with the Children's Future Panel, a group of more than 40 policymakers, service providers, experts, community leaders, social scientists, parents and children.

In addition, *Connecticut's Children: Still At Risk* will be supplemented by annual updates of the detailed regional information on the well-being of our children in Parts B and C of this book (see Overview of Contents p. 9). KIDS 2000 is the Connecticut arm of KIDS COUNT, a national initiative of the Annie E. Casey Foundation, which has been preparing the national KIDS COUNT Data Book annually since 1990. Projects similar to ours are being planned or conducted in every state in the nation with the help of the Foundation, and we are proud to be a part of such a visionary campaign.

In our 1984 introduction to *Growing Up At Risk in Connecticut*, we wrote, "[t]his book addresses an infrastructure in decay, one very different from the roads and bridges which have recently captured so much public attention. It is about an infrastructure far more important than concrete and steel, a deterioration much deeper, less visible and far more tragic for society." The book was published shortly after Connecticut embarked on an ambitious ten year, ten billion dollar effort to rebuild its highways and bridges after the tragic collapse of the Mianus River Bridge. That effort has paid off in many sound economic and social ways. Yet during that same time period, we failed to make the major investments in our human infrastructure that

Growing Up At Risk in Connecticut so urgently advocated. Why is it we are so quick to respond to natural or physical disasters, yet have a so much harder time responding to the crises that exist for children?

The numbers in this book paint a grim picture, showing the consequences of our past failure to invest properly in our youngest citizens. We are paying now for neonatal intensive care for premature, low birthweight babies who could have been born healthy with proper prenatal care. We are paying now for remedial education of students who simply needed more individualized attention early on. We are paying now to support children of parents who, with additional education and job training, could have supported their families. We are paying now when businesses have to train their employees in basic skills they should have learned in school. Most dramatically, we are paying now to imprison many people who, with better drug treatment programs or better family support when they were young, would not be a threat to our security.

Finally, we are paying in ways that are not as easily measured, but just as real. For example, ten years ago we chose not to invest more resources to make Head Start more accessible to low-income children; there is little doubt that many of those children today are those included in the school dropout figures in this book. We made cuts in programs that affect children, particularly at the federal level. A generation has been lost. These are children unable to stand up against a world of poverty, child abuse, violence and drugs, a generation of too many children with no hope, no dreams, no ambitions, and no reason to behave in a socially acceptable manner. These are children filled with anger and hopelessness, compelled to violence aimed at others, and at themselves.

Enough research has been conducted, enough pilot projects tested throughout the nation. We know what works to help children become successful adults. Now we need to commit sufficient resources to enable us to apply this knowledge to the problems in our state.

We can not allow the short-sightedness of "competing priorities", "spending limitations", or "we can't afford it" to cloud our commitment. Continuing to focus solely on the bottom line of today's budget will only accelerate our race to the bottom of the social and economic barrel. In the same way we found resources to rebuild our bridges, so too must we find the resources to invest in our children. The foundations of our human infrastructure are at risk. We simply can't afford not to. Our children are growing older every day.

Matthew E. Melmed
Executive Director
April 1994

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Overview of Contents

This book has three sections. **Part A** looks at broad issues in the lives of Connecticut's children. It is divided into four sections: economic security, health, education, and emotional well-being. Under these headings we explore topics that affect children such as housing, hunger, child care, violence, access to health insurance, and child abuse.

Part B looks in more detail at 11 important indicators of the well-being of children and two demographic measures. Each indicator is a separate table, comparing different cities and regions of the state. Regions with rates worse than the state-wide rate are highlighted. Indexes to the towns and regions, and a map of these regions, are included at the beginning of this section.

Part C provides the same information presented in Part B, but organized by region instead of by indicator. Where possible, the rate for the region is shown as a percentage better or worse than the state-wide rate. This section allows readers to see, at a glance, how well children are faring in their region of the state.

An explanation of the methodology used in each section appears with the table of contents for that section.

Part A

Part A Methodology

Children:

Throughout this book, we have used the term "children" to apply to persons younger than the age of 18. Where the data available uses a different age grouping, it is so noted.

Race/Ethnicity:

We have reported race and ethnicity using the categories established for the 1990 U.S. Census and used by state agencies providing the data.

Rounding:

For the purpose of improving readability in this section (which contains a general discussion of children's issues) percentages are rounded to the nearest whole number, except in rare cases where smaller differences were deemed crucial. Some of the statistics used for this book were only available rounded to the nearest whole number. Because of this rounding, percentages throughout this section may not always add up to one hundred percent. The change or differences in percentages were calculated before rounding. (Those who are interested in a particular statistic at a more detailed level should call CAHS for more information.)

Sources:

Sources for all data are listed on each page in the order in which they appear in the text, as are any limitations of the data.

Fiscal Year Data:

Most data presented here is for calendar years. Where data collected by state or federal authorities was available only by fiscal years, it is noted as SFY (state fiscal year, July 1 to June 30) or FFY (federal fiscal year, October 1 to September 30).

Contents

Economic Security

Number of children 14
Racial isolation 16
Child poverty 18
Single-parent families 20
Child support 22
Economic security 24
AFDC 26
Working poor 28
Income disparity 32
Housing costs 34
Homelessness 36
Hunger 38

Health

Low birthweight/Infant mortality 42
Prenatal care 44
Pediatric AIDS 46
Physical fitness 48
Injuries 50
Teen sexuality 52
Teen births 54
Health insurance 58
Immunization 60
Lead poisoning 62
Child abuse and neglect 64
Child sexual abuse 66
Children in out-of-home placement 68

Education

Head Start 72
Quality child care 74
Special education 78
Educational performance 80
English as a second language 82
School resources 84
High school dropouts 86
School to work 88

Emotional Well-being

Family relationships 92
Television 94
Mental health 96
Drug use 98
Automobile crashes 102
Juvenile delinquency 104
Crime victimization 106
Violence 108
Homicide and suicide 110

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Economic Security

140 babies are born in Connecticut every day.

Children under 18 make up almost one quarter (23%) of Connecticut's population — 749,581 children. While the total number of people increased 8% over the past two decades, the number of children *decreased* by a quarter. **In 1970, children made up a third of all the people in our state; in 1990, fewer than one-quarter of all persons in Connecticut were under the age of 18.**

Although there has been a decline in the number of children over all, in the past decade we have experienced an *increase* in the number of very young children. Between 1980 and 1990, as the "baby boom" generation started to have children, the number of kids under age 6 increased by 22% while the number of children in older age groups decreased. As this "baby boomlet" grows older during the 1990s, the number of teenagers will begin to increase.

In 1990, 11% of Connecticut children were black, 10% were of Hispanic origin, and 77% were white, non-Hispanic.* Almost one in four children in Connecticut (23%) were from minority groups compared to 18% in 1980. This trend is expected to continue nationally: by 2010, 37% of all youth are expected to be from minority groups. The U.S. Census Bureau estimates that people of Hispanic descent will become the largest minority group by that year.

*Note: People of Hispanic origin may be of any race. In the 1990 Census, 49% of people of Hispanic origin in Connecticut identified their race as white, 6% as black, and 43% as "other race".

Source: U.S. Bureau of the Census, *Census of Population and Housing 1990*, Summary Tape File 1A, Tables P-11 and P-12; State of Connecticut, Office of Policy and Management, *1980 Census of Population and Housing*, Complete Count Tables for the State of Connecticut, Tables 10 and 12; Population Reference Bureau, *The Challenge of Change: What the 1990 Census Tells Us About Children*, 1992; U.S. Bureau of the Census, Current Population Reports, P25-1104, *Population Projections of the United States, by Age, Sex, Race, and Hispanic Origin: 1993 to 2050*.

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Percent Change in Number of Children by Age 1980-1990

0-5 yrs	+22%
6-13 yrs	-13%
14-17yrs	-33%
Under 18yrs	-9%

Source: U.S. Bureau of the Census

only 3 in 10 Connecticut children live in racially integrated neighborhoods.

Exposure to people of different races and ethnicities makes children more appreciative of different cultures. Prejudice is often born out of the fear, or misunderstanding, of people who are different. Children who grow up in integrated neighborhoods are more likely to judge people on their merits rather than the color of their skin.

The neighborhood in which a child lives helps to shape his or her perceptions of reality. A Hartford fifth-grade teacher recently testified that her students don't believe that blacks and people of Hispanic origin make up only a small percentage of Connecticut's population. "They have no sense that half a mile from our school is an entire, virtually white, West Hartford. They just don't believe it. So how can they go out into the world and apply for a job at CIGNA? It's going to be total culture shock." Another Hartford teacher testified that "I think that children can overcome the stigma of poverty . . . But what they cannot overcome is the stigma of separation. That is like a damned spot in their being, in their self image, a spot that, no matter what success you have, you can't wipe it out."

The isolation of suburban children robs them of the richness of exposure to other cultures during their formative years and makes them unprepared to live in a multi-cultural society when they grow up. A Connecticut Department of Education report states that: "separation means that neither [minority children] nor their counterparts in the more affluent suburban school districts have the chance to learn to interact with each other, as they will inevitably have to do as adults living and working in a multi-cultural society. Such interaction is a most important element of quality education, and it benefits both minority and non-minority students alike."

Of the 834 census tracts in Connecticut, 27 consist of 90% or more minority people; 512 tracts are made up of 90% or more white, non-Hispanic people. Seven out of ten children in our state live in these census tracts.

Source: U.S. Bureau of the Census, *Census of Population and Housing 1990*, Summary Tape File 1A, Tables P-1, P-10 and P-11; *Plaintiffs' Post-Trial Brief*, Milo Sheff, et al. v. William A. O'Neill, et al., Superior Court, Judicial District of Hartford/New Britain, April 19, 1993.

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> In our three largest cities, 42% of children under six live in poverty - almost three times higher than the rate for all young children in Connecticut.

In Connecticut, children are almost twice as likely to be poor as adults (11% of children under 18 compared to 6% of all adults). The rates of poverty are especially high for children who live with single mothers — two out of five live below the poverty level. Children are dependent on their parents' income, and a family with only one parent is likely to earn substantially less than half of what a family with two parents earns. Of all poor children in Connecticut, 80% live with a single parent.

Hartford has the 6th highest child poverty rate in the nation (44%), four times the statewide rate. Connecticut's cities have the largest share of children who are poor. However, many towns have a higher than average proportion of poor children, especially in the northeast and northwest regions of the state.

Over the past twenty years, Connecticut has seen its children get poorer. **For those age 65 and older, the poverty rate decreased 67% between 1969 and 1989 (from 22% to 7%).* Yet the child poverty rate *increased* 33% (from 8% to 11%) during the same time period.**

Child poverty rates are likely to be even higher now because of the recession in the early 1990's. According to the Current Population Survey, nationally, there were 1,186,000 more children living in poverty in 1992 than in 1990, an increase of 9% over two years. And although child poverty rates for the years between the census are not available at the state level, in Connecticut the overall poverty rate increased more than 50% in the same time period, from 6% in 1990, to 9% in 1992.

Poverty in childhood often leads to many other problems for children including poor mental and physical health, school failure, teenage childbearing, child abuse and neglect, crime and delinquency.

*Note: The decennial census reports income for the previous calendar year.

Source: U.S. Bureau of the Census, *Census of Population and Housing 1990*, Summary Tape File 3A, Tables P-117 and P-126; *Federal Register*, vol. 58, no. 28, February 12, 1993; Children's Defense Fund, *City Child Poverty Data from 1990 Census*, August, 1992; U.S. Bureau of the Census, Census of Population 1970, Table 58; 1992 poverty data from U.S. Bureau of the Census, *Current Population Survey*, March 1992, P60-185, Tables B, C and D; general effects of poverty from National Commission on Children, *Beyond Rhetoric*, 1993.

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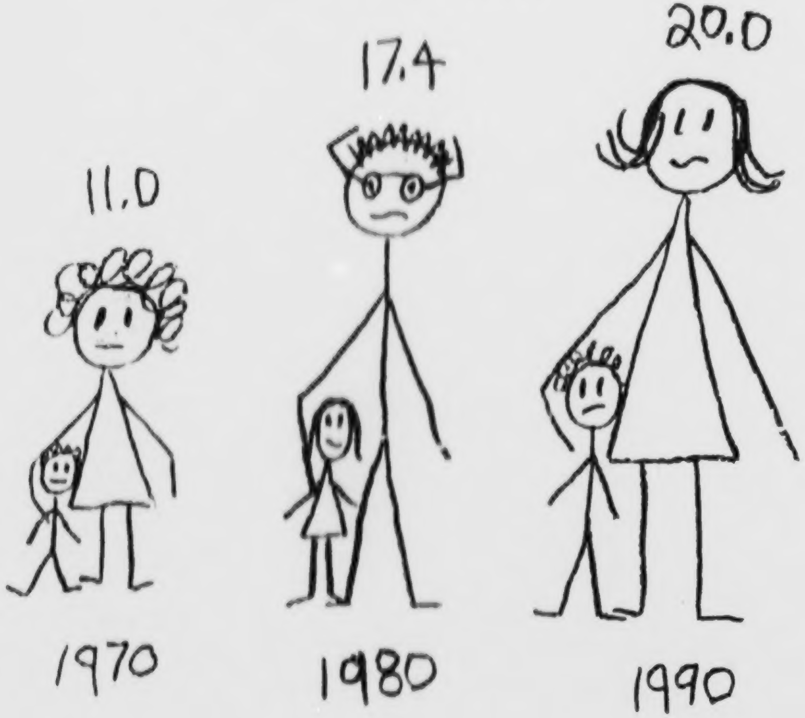
Children living with single parents

(Percent of all children)

The percentage of children living with single parents has increased 82% between 1970 and 1990.



Source: U.S. Department of Health and Human Services, Office of Child Support Enforcement

Every fifth child in Connecticut lives in a single-parent family.

Seventeen percent of Connecticut children live with only their mother, 3% with only their father. Experts project that three out of five children born today will live with a single parent at some time before age 18.

Almost three in four Connecticut children (73%) live with two parents, 6% with other relatives, and 2% live in an institution or group home setting or on their own.

Since 1970, the percentage of all children living with a single parent rose from 11% to 20%, an 82% increase. While most single-parent families are headed by women (87%), the percentage of children living with a single father has increased 60% since 1980.

There is a strong correlation between child poverty and living with only one parent, especially for those living with only their mother. **Children living with only their mother are sixteen times more likely to be poor than those living with two parents.** Children living with only their father are four times more likely to be poor than kids living with two parents. Eighty percent of all poor children live with a single parent.

Source: U.S. Bureau of the Census, *Census of Population and Housing 1990*, Summary Tape File 1A, Table P-21; projections of those living with a single parent during childhood from Hodgkinson, H.L. *A Demographic Look at Tomorrow*, Institute for Educational Leadership, Center for Demographic Policy, 1992; U.S. Bureau of the Census, *Census of Population 1970, General Social and Economic Characteristics*, PC(1)-C8, Table 52; State of Connecticut, Office of Policy and Management, *1980 Census of Population and Housing*, Complete Count Tables for the State of Connecticut, Table 17; U.S. Bureau of the Census, *Census of Population 1980, Living Arrangements of Children and Adults*, Table 14; U.S. Bureau of the Census, *Census of Population and Housing 1990*, Summary Tape File 3A, Table P-126.

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Many single parents seeking child support are unable to collect it, either because they can not obtain or they can not collect on a support order. In FFY 1991, the average number of Connecticut families with court-ordered child support was 59,528. Only 20,417 of these child support cases (34%) received any money at all.* There are almost as many cases currently under investigation to establish a support order as there are cases with a support order.

Single parent families are less likely to be poor if they receive child support payments. Non-poor families headed by a single woman were almost twice as likely to receive child support or alimony as poor female-headed families — 46% compared to 27% nationally.

In most of the cases where a child support order is established, the parent raising the children cannot count on it as a regular source of income since it is usually not on time or only partially paid. Nationally, the average amount of child support collected was $2,995 per year.

Two-thirds of Connecticut families due child support in FFY 1991 did **not** receive any money **at all.**

Beyond the financial benefits, there are additional advantages of child support. The establishment of a link between the child and the absent parent enhances the child's self-esteem, and increases their sense of family heritage. Medical histories of parents can help when predicting or treating illnesses that can be passed on to the children. Also, medical insurance coverage is often included as a part of court-ordered support.

*Note: These numbers do not include voluntary payments made by absent parents to their children without a child support order because this data is not collected by the state. These figures do not include cases categorized as AFDC arrears only in which the children are former AFDC recipients and the absent parent is now delinquent in their reimbursement of these payments to the government.

Source: U.S. Department of Health and Human Services, Office of Child Support Enforcement, *Sixteenth Annual Report to Congress*, 1993. Connecticut Department of Social Services, Bureau of Child Support Enforcement. U.S. Bureau of the Census, Current Population Reports, P60-173 *Child Support and Alimony, 1989*, Table C.

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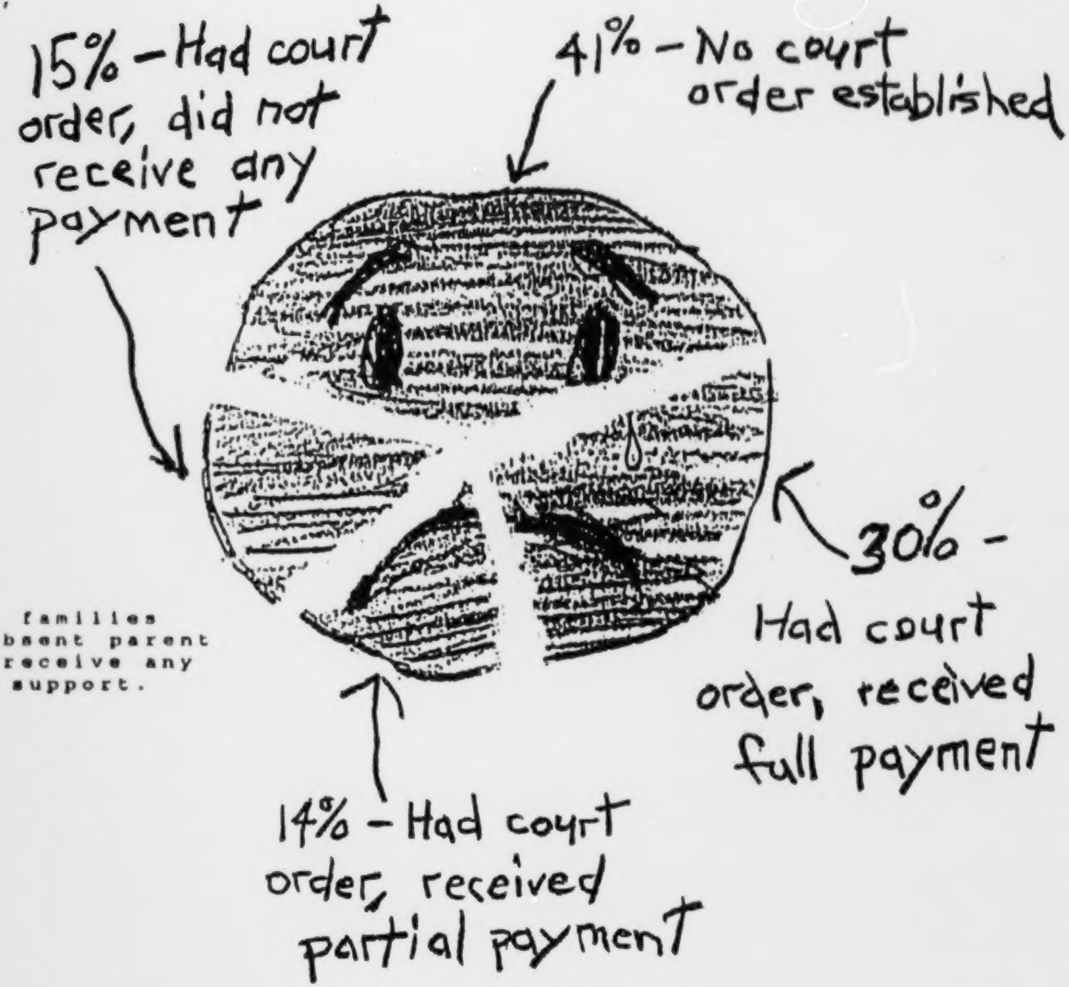
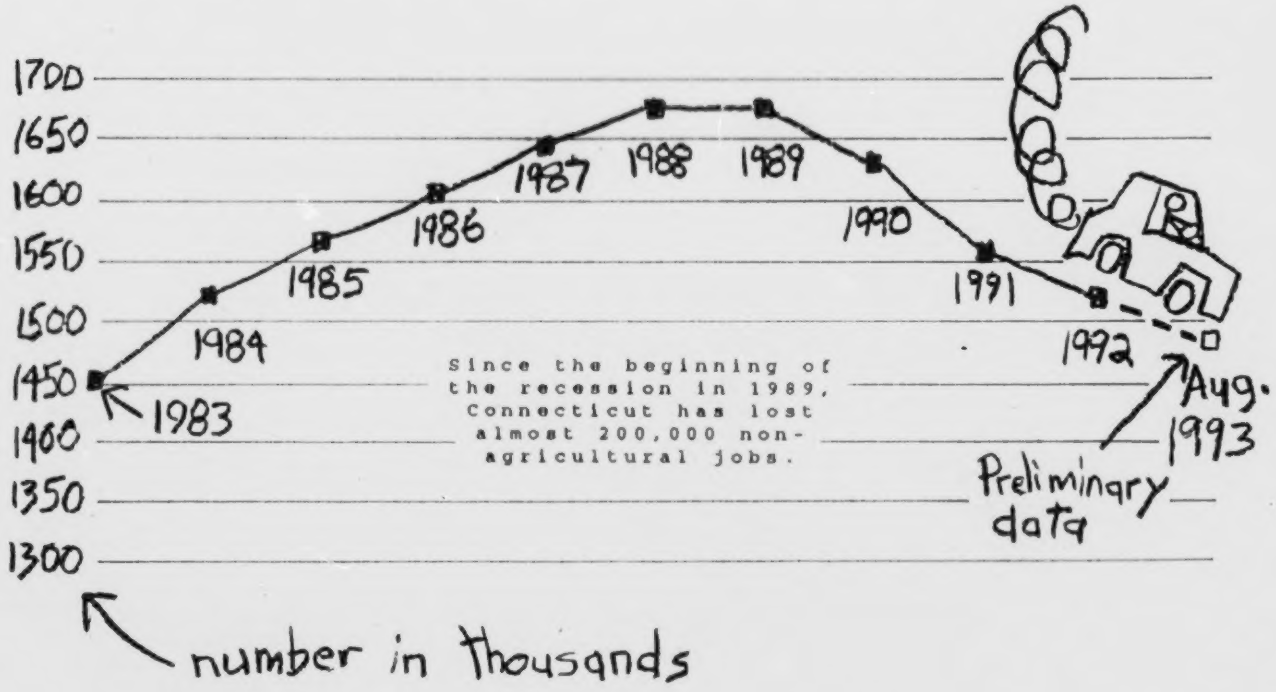
Child Support in the U.S.



56% of families with an absent parent did not receive any child support.

Source: U.S. Bureau of the Census

Number of jobs in CT



Since the beginning of the recession in 1989, Connecticut has lost almost 200,000 non-agricultural jobs.

Source: Connecticut Department of Labor

Joblessness and underemployment not only affect children's lives in economic terms; the increase in family stress influences other indicators of children's well-being, such as the incidence of child abuse.

In February 1989, there were 1,661,600 non-agricultural jobs in Connecticut. As of February, 1993 there were 1,485,400, **a loss of 11% in four years.** These jobs were lost primarily in the construction, manufacturing and trade sectors, although every industry has been affected.

Almost **200,000 jobs** have been **lost** in Connecticut since the beginning of the recession.

Many of these lost jobs were high-paying blue collar and middle management positions that were thought to be "secure". To make matters worse, experts predict that there will be a change in the quality of jobs that will replace them — many will be lower-paying, part-time positions without health benefits in the services sector. Connecticut now ranks last in the nation in *growth* of per capita income.

The total number of jobs lost is a better overall measure of Connecticut's economy than the unemployment rate, which doesn't include discouraged workers or people who were laid off from a high-paying job but are now working part-time to make ends meet.

Source: Gelles, R "Poverty and Violence Toward Children," *American Behavioral Scientist*, 1992. Connecticut Department of Labor, University of Connecticut, *The Connecticut Economy*, vol. 1 no. 1 & 2

> The 106,435 children supported by AFDC in Connecticut are living far below the poverty level.

Aid to Families with Dependent Children (AFDC) supports 106,435 children in Connecticut. The average family of three on AFDC receives a basic grant of $581 per month.* This amount is less than 60% of the federal poverty level which is $991 per month for a family of three. Even with food stamps and housing assistance, a family on public support is still living below the official poverty level.

A typical family: A single mother with two young sons pays $550 dollars a month for a four room basement apartment, including water — a real bargain. Her other monthly expenses include heat, electricity, telephone, car insurance and gasoline, clothing for the two boys, food, and non-food items (such as diapers and laundry).

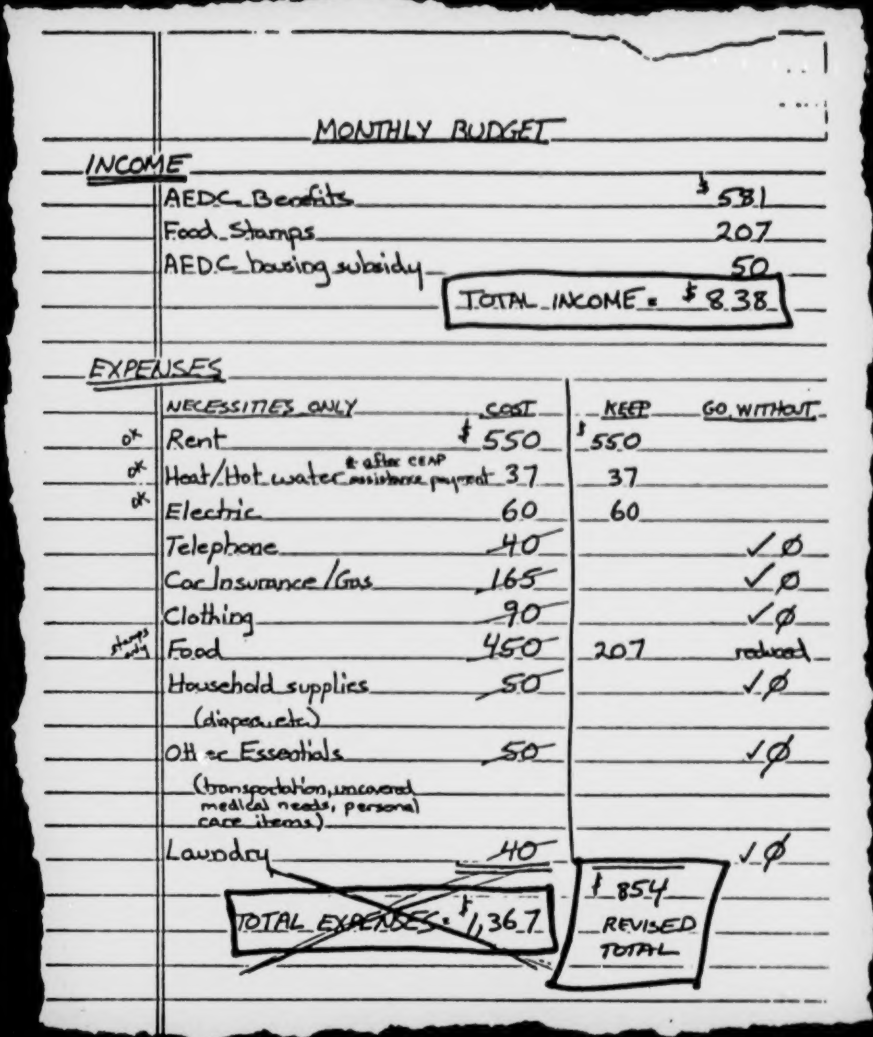
Even without any extras, she would spend $1,367 per month on the basic essentials. This doesn't include important but irregular expenses, such as automobile repairs, or things wealthier people take for granted, such as birthday presents.

This family, like most other families on AFDC, does not get a federal housing subsidy. Because the family pays more than 50% of its income on rent, it is eligible for a $50 AFDC housing subsidy from the state. If the mother of the family were receiving child support, she would only receive $50 per month of the total child support payment; the rest would go to the state.

The family's monthly income is never enough to meet its expenses, and the mother often has to borrow money to pay her rent. She had to give up her car and the telephone because they were too expensive, but now it is harder for her to get a job. Even though she does her grocery shopping monthly and buys items in larger quantities to save money, food stamps never last the entire month. At the end of the month she and her sons often skimp on food or go to a soup kitchen until the next check comes in.

*Note: This is the basic grant in Connecticut's region B where the majority of AFDC recipients live.

Source: Connecticut Department of Social Services. *Federal Register*, vol. 58, no. 28, February 12, 1993. Connecticut Alliance for Basic Human Needs. *Mapping Change*, 1993.



MONTHLY BUDGET

INCOME

AEDC Benefits	$581
Food Stamps	207
AEDC housing subsidy	50
TOTAL INCOME =	$838

EXPENSES

	NECESSITIES ONLY	COST	KEEP	GO WITHOUT
ok	Rent	$550	$550	
ok	Heat/Hot water * after CEAP assistance payment	37	37	
ok	Electric	60	60	
	Telephone	~~40~~		✓ 0
	Car Insurance/Gas	~~165~~		✓ 0
	Clothing	~~90~~		✓ 0
stamps only	Food	~~450~~	207	reduced
	Household supplies (diapers, etc.)	~~50~~		✓ 0
	Other Essentials (transportation, uncovered medical needs, personal care items)	~~50~~		✓ 0
	Laundry	~~40~~		✓ 0
	~~TOTAL EXPENSES = $1,367~~		$854 REVISED TOTAL	

35

36

The federal poverty level was created in the 1960s based on the "thrifty food plan"* considered to be the least expensive food needed to meet the nutritional needs of a family. Because the average family at that time spent one-third of its budget on food, the poverty line was set at three times the cost of the thrifty food plan. This same formula, adjusted annually for inflation, is still used today. However, since the 1960s there have been large increases in family expenses on child care, housing, and medical care; the average family now spends less than one-fifth of its income on food.

The federal poverty level does **not** reflect the minimum necessary to **support** a family in Connecticut.

The poverty level for a family of four is $14,350.

If the government based the federal poverty level on five times the "thrifty food plan", the poverty rate would be about 50% higher than it is today. If the 150% level was used to define poverty, 115,149 Connecticut children would be counted as poor. On seven different occasions during the 1980s, the Gallup poll asked Americans what they thought was the least amount of money required to live adequately; the amount they consistently cited was more than 150% of the official federal poverty level.

Another problem with the federal poverty level is that it is the same throughout the nation. It does not reflect variations in costs of living, such as housing. Given that the cost of living in Connecticut is substantially higher than in other regions of the U.S., the federal level under-represents the true number of people in Connecticut whose incomes are inadequate to meet the basic necessities of life.

Federal policy already acknowledges that people living above the federal poverty level still need assistance to pay for basic necessities. For example, the income limit for people to participate in the WIC program is set at 185% of the poverty level and the limit for receiving the Earned Income Tax Credit is 200%. If 200% of the official poverty level is used as the measure of poverty in Connecticut, the 1990 Census would show 163,607 children (22%) living in poverty in our state.

*Note: The thrifty food plan assumes the use of foods such as dried beans and also assumes a family has 3 1/2 hours a day to cook and bake from scratch.

Source: Connecticut poverty data from a special analysis of data from the U.S. Bureau of the Census, *Census of Population and Housing 1990*, Summary Tape File 4; *Federal Register*, vol. 58, no. 28, February 12, 1993; analysis of federal poverty level from Schwarz, J.E. and Volgy, T.J., *The Forgotten Americans: Thirty Million Working Poor in the Land of Opportunity*, 1992.

A parent with **two** children working full-time, at minimum wage earns $3,000 a year **less than** the federal **poverty** level.

Families are caught in a triple bind: costs to support a family continue to rise, yet wages have not kept pace with the rise in costs, and there is less support from the government to help families in need. While poor families have been the hardest hit by these trends, many middle income families are feeling the pinch as well. To survive, many parents are working more hours or taking a second job. This has reduced the amount of time they can spend with their children.

Structural changes in the labor market also have affected families. Lower paying service sector jobs, with fewer benefits, have replaced manufacturing jobs that were once more secure.

Those families at the bottom of the employment ladder, that is, those earning minimum wage, face the hardest struggle of all. A parent with two children, who is working full-time at Connecticut's minimum wage of $4.27 an hour, lives below the poverty level. He or she would earn $8,881.60 a year compared with the federal poverty level for a family of three of $11,890.

One in eight poor children in Connecticut live in families with a full-time, year-round wage earner. **Almost two-fifths of poor children live in families where there was at least one wage earner who worked at least part of the year.** Nationally, minorities are over-represented among the working poor who work full-time, year-round. A major reason for the higher poverty rates among minorities is the lower wages they receive. For example, while only 8% of all workers are Hispanic, almost one-quarter (24%) of full-time year-round workers who are poor are Hispanic.

Source: National Commission on Children, *Beyond Rhetoric*, 1993; minimum wage from Connecticut Department of Labor; *Federal Register*, vol. 58, no. 28, February 12, 1993; special analysis of the *Census of Population and Housing 1990*, Summary Tape File 4; Center on Budget and Policy Priorities, *Making Work Pay: The Unfinished Agenda*, 1993.

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Connecticut is ranked **fifth worst** in the nation in the disparity between **rich** and poor families **with children.**

On average, a family with children in the top fifth of the income distribution earns ten times more than a family in the bottom fifth.

Income of families with children living in Connecticut:

Median income of top 1/5	$77,759
Median income of bottom 1/5	$7,664

Connecticut had the highest per capita personal income in the nation in 1992 — $26,979 compared to the U.S. average of $19,841 — yet Hartford is ranked 6th worst of the 200 major U.S. cities in its rate of child poverty.

Source: Center for the Study of Social Policy, *KIDS Count Data Book 1993*, (both income figures are averages 1987-1991 data); U.S. Department of Commerce, Bureau of Economic Analysis; Children's Defense Fund, *City Child Poverty Data from 1990 Census*, August, 1992.

Connecticut
is the **fifth** most
expensive place
to rent
housing
in the U.S.

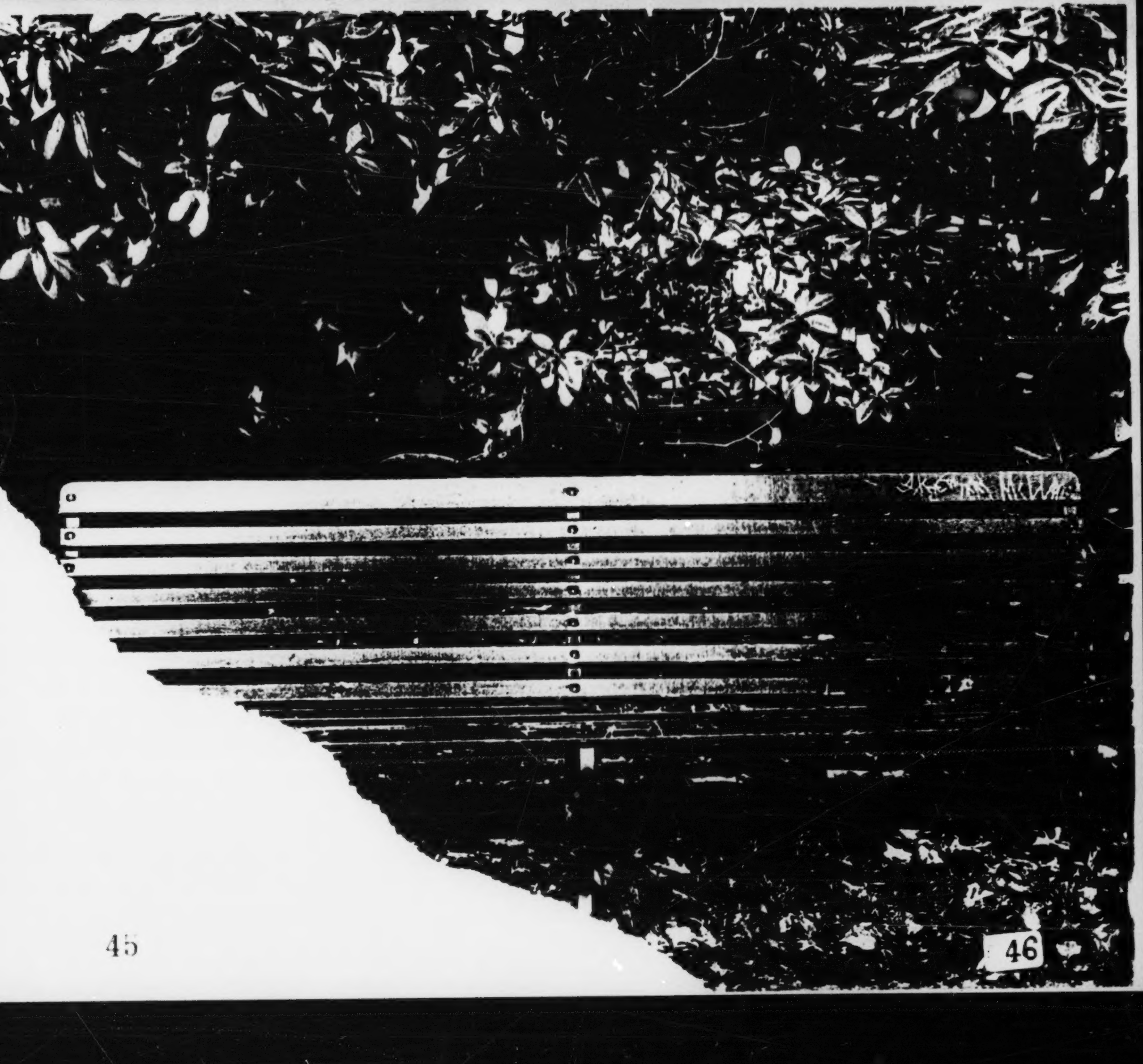
According to an analysis of U.S. Housing and Urban Development 1991 Fair Market Rents, it costs an average of $680 dollars to rent a two-bedroom apartment in Connecticut, topped only by California, Washington D.C., Hawaii, and Massachusetts. **A two-bedroom apartment would take up 92% of the income of a person working full-time at the minimum wage in Connecticut ($740 per month).** Most experts believe families should not pay more than 30% of their income on housing.

In 1991 the average cost for a two-bedroom apartment without utilities varied from $607 in Waterbury, to $698 in Hartford, to $757 in New Haven, to $982 in Stamford.

Only 35% of the families on AFDC live in public housing, or receive a federal rent subsidy. Another 41% receive only a $50 per month AFDC special need benefit because they pay half or more of their income for rent. The rest do not receive a housing subsidy of any kind.

The largest federal subsidized housing program benefits people who own their homes; for the highest earners, state and local property taxes and interest paid on home mortgages can be reduced by nearly 40% by the deductions available on federal income taxes. The more expensive the property, the greater the subsidy.

Source: Center on Budget and Policy Priorities, *Selected Background Material on Welfare Materials*, 1992; *Federal Register*, vol. 56, no. 187, Thursday, September 26, 1991; state housing subsidy information from testimony of Audrey Rowe, Commissioner of the Connecticut Department of Social Services, before the Appropriations Committee, February 18, 1993; Internal Revenue Service



There are currently 46 shelters and 17 transitional housing programs in the state. Between October 1991 and September 1992, the shelters served over 15,000 people, 22% of whom were children. This is an increase of more than 900 children, a 40% rise since 1987. On any given night, more than 100 families were placed in emergency housing, including temporary apartments and homeless shelters. In addition, many more people are homeless but do not show up in any statistics because they are living doubled up with families and friends, in abandoned buildings or on the streets.

Homelessness for children means poor health, inadequate nutrition, social isolation, and emotional stress. Homeless children are more likely to change schools many times, and are more likely to experience family separations.

The number of children using homeless shelters has increased 40% in the last five years.

Homeless children often live in dangerous environments where they are regularly exposed to drugs and violence.

Source: Connecticut information from an analysis by the Connecticut Coalition to End Homelessness of information from the Department of Human Resources; information on the effects of homelessness from Molnar, J., Rath, W., and Klein, T., "Constantly Compromised: The Impact of Homelessness on Children," *Journal of Social Issues*, 1990.

The Community Childhood Hunger Identification Project (CCHIP) documented the specific health problems that hungry children experience. It found that **hungry children experience two to three times as many specific health problems,** including unwanted weight loss, fatigue, dizziness, frequent colds, headaches and ear infections.

> Based on a national study it was estimated that one out of 6 children in Connecticut **is hungry** or at risk of hunger.

Hunger makes children harder to teach. The study found that hungry children were absent from school almost twice as many days as children from non-hungry households. A hungry child also is almost three times as likely to have difficulty concentrating, making learning even more difficult. Despite these findings, less than a third (29%) of Connecticut's schools participate in the federal School Breakfast Program.

Poverty is highly correlated with hunger. Because of the recent recession, no town is left untouched. In areas where poverty is concentrated, the problem is more severe. For example, 76% of low-income families with school-aged children under twelve in Hartford were found to be hungry or at risk of hunger.

The Food Stamp Program provides benefits to 112,973 Connecticut children. However, the average food stamp allotment of 61¢ per person per meal is not enough money to feed a hungry child adequately. In addition, stringent eligibility guidelines ($18,655 for a family of four) exclude many working poor families.

Connecticut now has over 300 food pantries, soup kitchens, and homeless shelters. Approximately two-thirds of the food pantries serve primarily single women with children. Most "emergency food" sites have become standard monthly fare for hundreds of people, forcing most food pantries and soup kitchens to limit who they serve and how often a person or family can come for help. Even for those they do serve, they can not meet a family's nutritional needs on a long-term basis.

Source: Statewide estimates of childhood hunger from the Food Research and Action Center, *State by State Hunger and At-Risk Estimates*, 1991; calculations on school breakfast participation based on information from Connecticut State Department of Education, Child Nutrition Unit; Hispanic Health Council, Connecticut Anti-Hunger Coalition, *Policy Report of the Hartford Community Childhood Hunger Identification Project*, 1990; food stamps participation from Connecticut Department of Social Services; Food Research and Action Center, *Community Childhood Hunger Identification Project: A Survey of Childhood Hunger in the United States, Executive Summary*, 1991; additional information from the Connecticut Anti-Hunger Coalition.

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Health

In 1990, 6.6% of all babies in our state were born at a low birthweight (under 2500 grams, about 5 1/2 pounds). After a steady increase in the number of low birthweight babies as a percentage of all births between 1986 and 1989, preliminary data for 1990 show a marked decrease, returning to the level of 1986. Although it is still too early to tell if this decrease marks a trend in the health of infants, it is a hopeful sign that the continued rise in the percentage of low birthweight births may have eased. Nevertheless, the fact that 3,294 babies were born at risk in 1990 is still a cause for serious concern.

One in every 15 babies born in Connecticut has a low birthweight.

Low birthweight is a measure of the immediate risk to a newborn; low birthweight babies account for about 60% of all infant deaths. It is also a measure of future risks to the child; **low birthweight babies who survive are about three times more likely to experience serious health and developmental problems**, such as sight and hearing deficiencies, chronic respiratory problems and learning difficulties. These children may require special medical and educational services throughout their lives.

Although researchers do not know all the factors that cause low birthweight, the health of the mother and the care she receives when pregnant are the two most important factors for a healthy baby. Smoking, inadequate nutrition, alcohol or other drug use, and stress during pregnancy all increase the likelihood that a mother will have a low birthweight baby. Similarly, mothers who receive late or infrequent prenatal care are also much more likely to have a low birthweight baby.

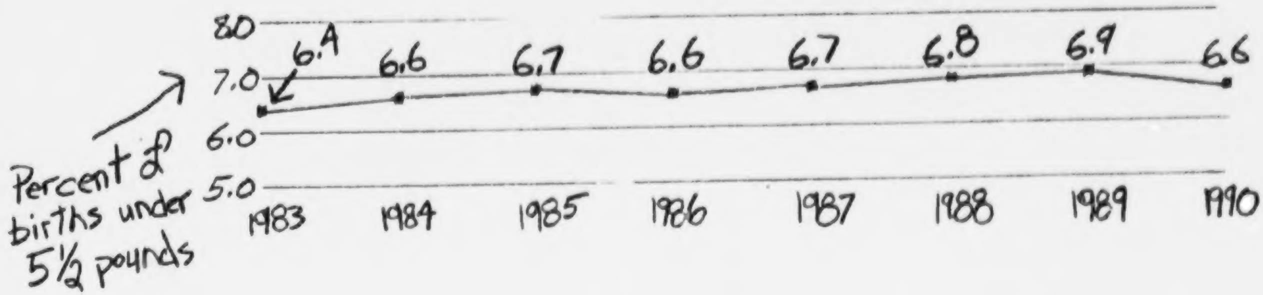
In Connecticut, black babies are more than twice as likely to be born with low birthweights (13.1%) as white babies (5.6%). Hispanic babies also have a higher percentage of low birthweight (8.9%) than non-Hispanics (6.1%). Similarly, teen moms (10.8%) are more likely to have low birthweight babies. Certain areas of the state have higher rates of low birthweight than the state as a whole. For example, more than one in 10 babies were born with a low birthweight in Hartford and New Haven, compared to the state-wide figure of one in 15.*

Infant mortality, a more extreme measure of infant health, has decreased steadily but slowly from 10 per 1,000 live births in 1983 to 7.9 in 1990. According to state officials, this decrease is due to improvements in expensive medical technologies used to keep premature and low birthweight babies alive, as well as to improvements in access to preventive health care for infants and prenatal care for women of child-bearing age.

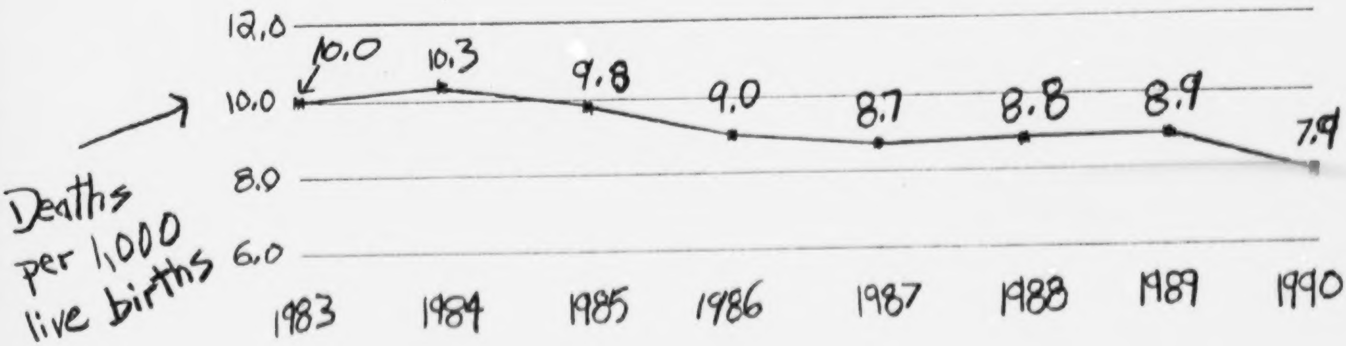
*Note: Rates are based on a three-year average, 1988-1990.

Source: Department of Public Health and Addiction Services, *Registration Reports*, 1983 through 1990. Institute of Medicine, *Preventing Low Birthweight*, 1985. Schorr, L.B., *Within Our Reach: Breaking the Cycle of Disadvantage*, 1988. National Commission on Children, *Beyond Rhetoric*, 1993.

Percentage of Low Birthweight Births



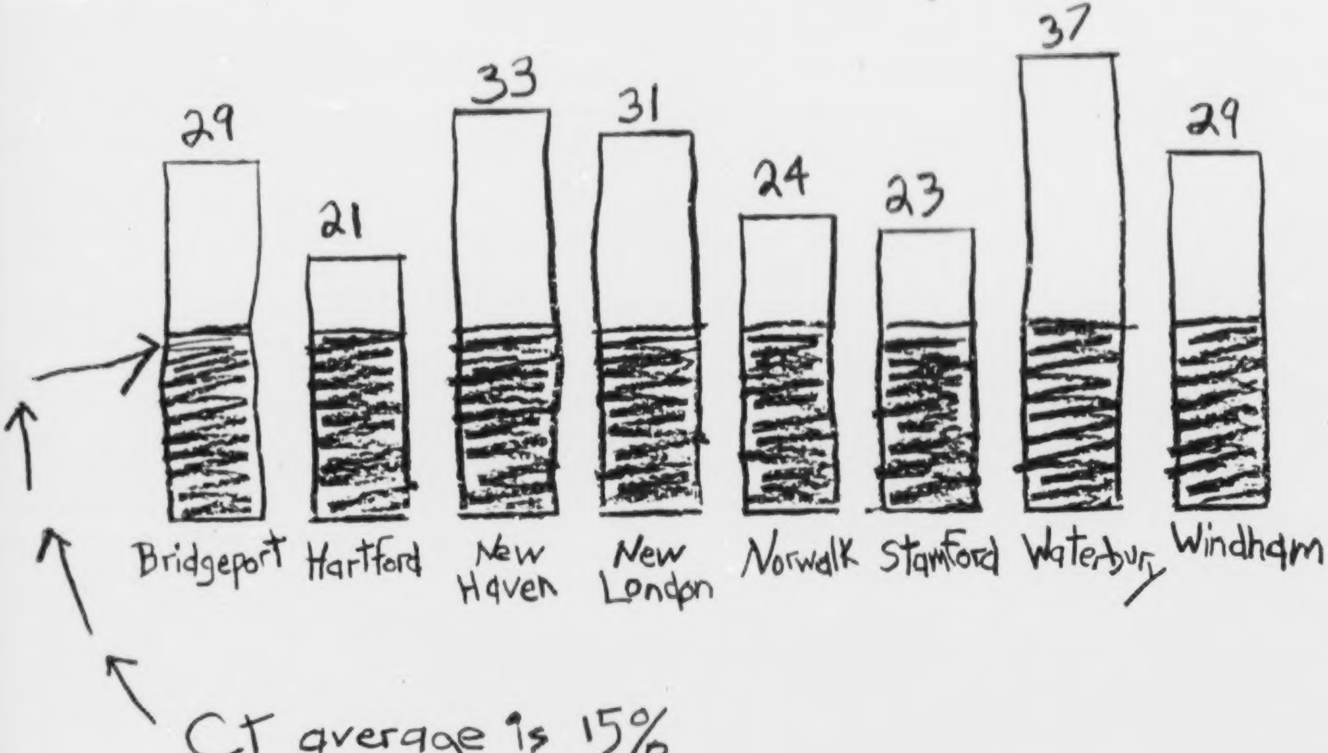
Infant Mortality Rate



Source: Connecticut Department of Public Health and Addiction Services

Births with Late or No Prenatal Care

Percent of births not receiving prenatal care in the first 3 months of pregnancy



CT average is 15%

Source: Connecticut Department of Public Health and Addiction Services

Fifteen percent of all Connecticut women who became mothers in 1990 got late or no prenatal care (care beginning after the first three months, or trimester, of pregnancy). However, this is only a measure of receipt of prenatal care, and not necessarily of its quality. That same year, 21% of mothers received prenatal care that was too infrequent to be considered adequate.*

In **eight** Connecticut cities, **fewer than one in five** mothers **gets early** prenatal care.

In eight Connecticut cities more than one in five mothers did not get early prenatal care: Bridgeport (29%); Hartford (21%); New Haven (33%); New London (31%); Norwalk (24%); Stamford (23%); Waterbury (37%); and Windham (29%).

Minority mothers are more likely to get late or no prenatal care. This rate was higher for black mothers not of Hispanic origin (36%) than for Hispanic mothers of any race (29%) or for white, non-Hispanic mothers (10%). Teenage mothers were three times less likely to get timely prenatal care than older mothers (13% compared to 41%). National surveys show that unmarried mothers and mothers who did not complete high school are also less likely to get early prenatal care.

Early prenatal care reduces low birthweight and infant mortality and improves pregnancy outcomes. The Institute of Medicine estimates that **for every $1 invested in prenatal care, $3.38 will be saved in expenditures for the care of low birthweight babies in their first year of life.** An even greater savings is accrued if one considers lifetime costs associated with the care of infants born with low birthweights. The average health care costs associated with low birthweight from an infant's birth to age 35 are more than two and a half times the cost for those born with a normal birthweight.

It costs an average of $1,600 for comprehensive prenatal care. The initial hospital stay for a normal newborn is two days, incurring $1,250 in medical costs for the infant. In contrast, premature newborns with respiratory distress syndrome spend an average of 19 days, incurring $39,000 in medical costs.

*Note: The adequacy of prenatal care is measured by a modified Kessner index in the state of Connecticut. This composite indicator includes the timing of the first prenatal care visit, total number of prenatal care visits, and the length of the pregnancy (in weeks). This measure includes the 15% receiving late or no prenatal care.

Source: Department of Public Health and Addiction Services, *Registration Reports*, 1983 through 1990; Institute of Medicine, *Preventing Low Birthweight*, 1985; costs of care from Center of Health Policy Studies, "Impact of Uncompensated Maternity and Infant Costs on Employers," in CIGNA, *Infant Health in America: Everybody's Business*, 1992.

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Today, virtually all children with AIDS were infected by their mothers perinatally. In Connecticut, one child in every 325 is born to an HIV-infected mother. Approximately 30% of these children will be HIV infected themselves — 430 children per year.

Connecticut's HIV prevalency among women of child-bearing age is twice the national rate.

The prevalence of HIV infection in Connecticut women of child-bearing age is 3 per 1,000, compared to the national average of 1.5 per 1,000 women. This figure **places Connecticut in the seven states with the highest rates.** Connecticut women make up a much larger percentage of the total number of people with AIDS than women do nationally (21% in Connecticut compared to 12% nationally). And the percentage of persons with AIDS who are women is increasing.

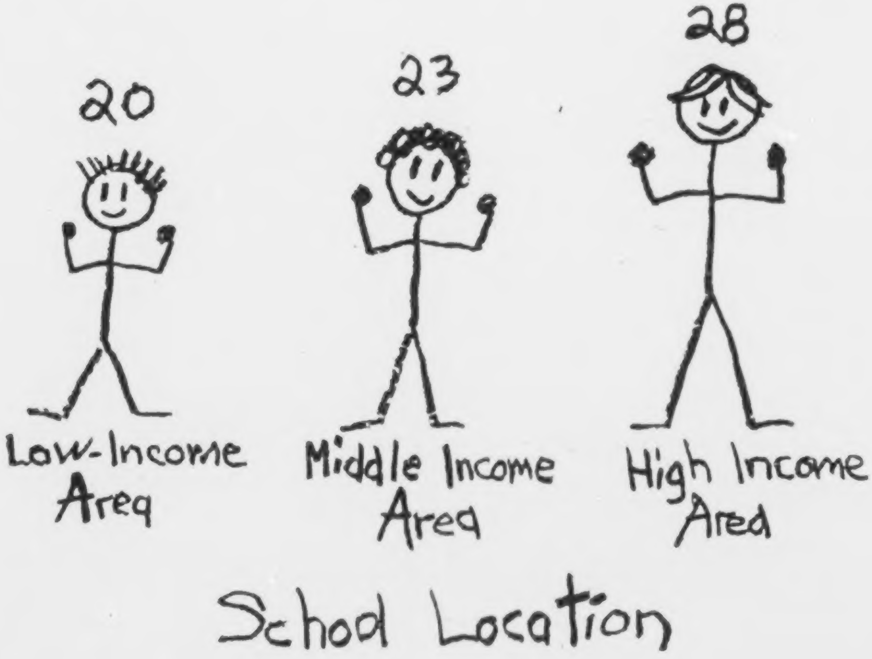
Connecticut also has one of the highest percentages of total AIDS cases that are children compared to other states. In 1992, Connecticut was in the **top five states** with the highest incidence of children who were diagnosed as having AIDS that year, with a rate of 28.6 per 100,000.

By the end of 1992, there were 89 children who were known to have AIDS in Connecticut. Black children made up 62% of the total, while for the nation, the percentage was 52%. Over half (57%) of all children in Connecticut with AIDS were living in Hartford, Bridgeport or New Haven at the time they were diagnosed.

Source: Connecticut Department of Public Health and Addiction Services, *AIDS in Connecticut: 1990, 1991 and 1992 Annual Surveillance Reports* and additional unpublished data.

Physical Fitness by School Setting

Percent of 4th grade boys meeting National Physical Fitness Standards on all 4 tests



Source: Connecticut State Department of Education

The national physical fitness tests are used to measure children's endurance, flexibility and strength.* While Connecticut students have shown significant improvement in the past year, our children are still physically out of shape. Lack of physical fitness is linked to poorer health for children, while they are young and as they grow older.

Physical education performance is related to school poverty level. Among boys and girls in grades 4 and 8, the percentage passing all four tests tended to decline as the poverty level in schools increased. For example, among 4th grade boys in 1991-92, the percentage passing all four tests was 28% in schools in high income areas, 23% in moderate income areas, and 20% in low income areas. Among 4th grade girls in Hartford, 11% passed all four tests, less than half the statewide average of 24%.

> TWO out of three boys and three out of four girls in the 4th grade **failed** to meet all four national physical fitness standards in 1992-93.

On average, students attending schools without gymnasiums scored poorer on physical fitness tests than students in schools with gymnasiums. In 1991-92, one out of 18 elementary schools (6%) had no gymnasium facilities. **Almost one out of five (18%) of the elementary schools in the three largest cities had no gymnasiums.**

*Note: The four subtests include one-mile walk/run, pull-ups, sit-ups, and sit and reach. The national standards are set at different levels for boys and girls, and for fourth and eighth grade students.

Source: Connecticut State Department of Education, *A Profile of Our Schools* and unpublished data.

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Injuries are the **leading cause** of death for children after their **first year** of life.

The American Academy of Pediatrics believes that most childhood injuries are predictable and preventable. Yet, each year about 200 Connecticut children ages 1-19 die from injuries, more than the number that die from all natural causes combined. Almost 7,000 children in Connecticut are hospitalized from injuries each year. One in five children will suffer an injury in the next year that will require an emergency room visit.

Motor vehicle crashes account for more than half of the injury deaths to children, followed by homicide, suicide, and drowning. The leading causes of hospitalizations for injuries are falls, motor vehicle crashes, being struck by an object (including playground and sports injuries), and bicycle injuries.

The risk of injury-related deaths increases with age; for teens aged 15-19, **injuries caused** 78% of all deaths in 1990 (107 out of 137 deaths). These were four times more likely to be teen boys as teen girls.

Source: Connecticut Department of Public Health and Addiction Services, "Childhood Injuries in Connecticut: Selected Statistics," and unpublished data; Connecticut Childhood Injury Prevention Center, "Connecticut Childhood Injury Fact Sheet" and "Motor Vehicle Occupant Fact Sheet"; American Academy of Pediatrics, "Injury Prevention: Things You Should Know."

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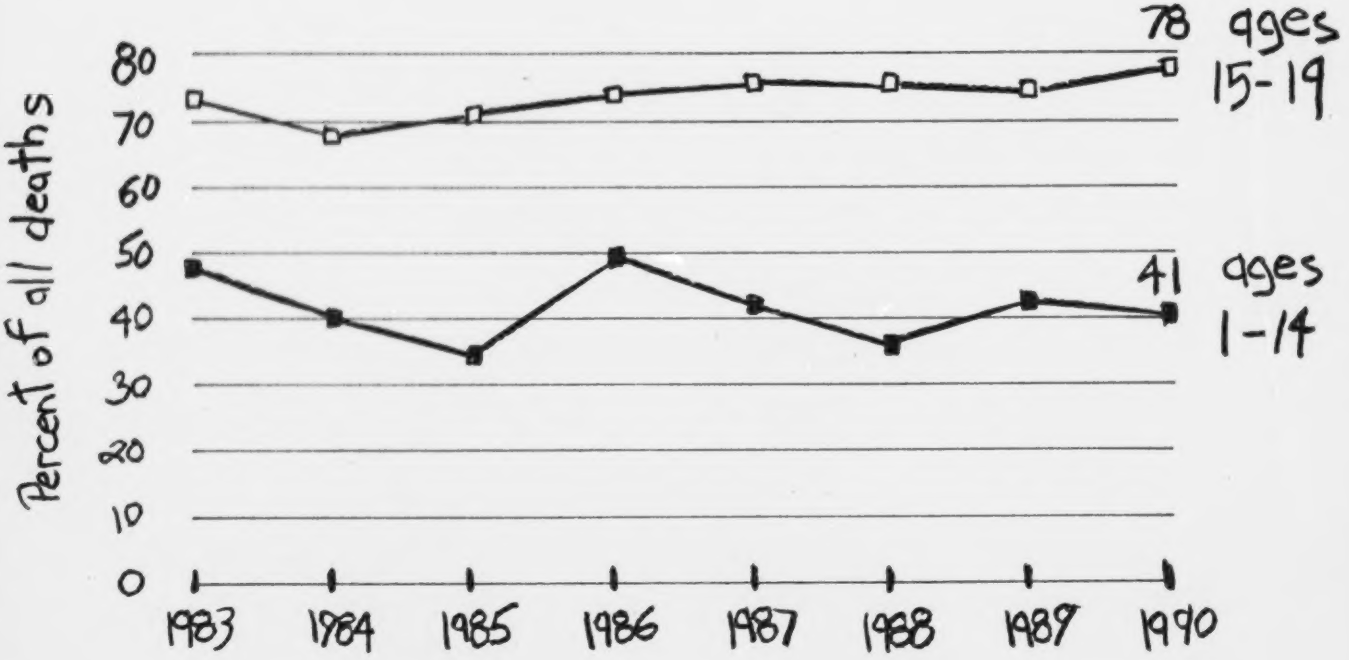
Deaths due to Injuries



Source: Connecticut Department of Public Health and
Addiction Services

Nationwide, **half** of all unmarried girls and 60% of unmarried boys ages 15-19 have **had** sexual intercourse.

Numerous national surveys have been conducted about the sexual activity of teenagers. Nationwide, 19% of unmarried girls age 15 had had intercourse in 1982; in 1988, this increased to 27%. Most of the increase in female sexual activity in the 1980s was among white teenagers and those in higher income families, narrowing the previous racial, ethnic and income differences. Six in 10 sexually active girls age 15-19 report having had two or more sexual partners. Among sexually active teenage girls, 79% use a contraceptive method — up from 71% in 1982. However, they are more likely than any other age group to be nonusers: **One in five sexually active teenage girls uses no method of birth control.**

State-wide survey data concerning the sexual activity of teens in Connecticut does not exist. However, state-wide statistics on related trends support the national trends of teens having sex at younger ages, often unprotected from sexually transmitted diseases and unwanted pregnancies.

For example, between 1980 and 1990 the birth rate for girls aged 10-14 years old in Connecticut increased by 75%. Over 30% of Connecticut 9th graders who participated in the Connecticut Health Check* in 1992-93 reported feeling pressure to have sex.

We also know that many teens ages 15-19 are contracting sexually transmitted diseases in Connecticut. **In 1992, 30% of all reported cases of gonorrhea, syphilis and chlamydia were among youths ages 10-19.** Adolescents are also at high risk for contracting AIDS. Since 17% of persons with AIDS are in the 20-29 year age group, many of them were likely to have been infected as teens since it takes many years for persons who are HIV positive to develop AIDS.

*Note: Connecticut Health Check is an educational program offered by the Department of Public Health and Addiction Services which is conducted in self-selected schools throughout Connecticut and collects data from participants anonymously.

Source: National data from the Alan Guttmacher Institute, "Teenage Sexual and Reproductive Behavior," *Facts in Brief*, 1993. Connecticut data from Department of Public Health and Addiction Services.

> **Hartford** has a higher rate of births to teens **than New York**, Los Angeles, **Chicago**, Philadelphia, **Boston**, Atlanta, Miami, **and most other** large cities **in the United States.**

A 1990 study ranked 128 large U.S. cities based on the proportion of all births that were to mothers under age 20. With 23%, Hartford tied for third highest with Flint, Michigan and St. Louis, Missouri. Only Gary, Indiana and Detroit, Michigan were higher.

The percentage of all births that are to teens tells us something about the risks to the generation being born today. Although young mothers can overcome the disadvantages of early parenthood and catch up with their peers in terms of educational and economic attainment, the stress of the early years often affects their children adversely during a critical period of their development. Children of teen mothers are more likely to grow up poor, relying on public assistance. They are also at greater risk of lower intellectual and academic achievement, behavior problems, and early childbearing than are children of older mothers.

Nationally, 13% of all births in 1990 were to teen mothers. The Connecticut rate of 8% of all births is substantially below the national average, and has steadily decreased from 10% in 1983. But this is mainly because teenagers are a decreasing proportion of our entire population and not because the teen birth rate is decreasing.

Children are more likely to be born to teen mothers in urban and poor rural areas. Hartford, New London, Bridgeport, New Haven, Waterbury, Windham and New Britain have the highest rates of births that are to teen mothers. In addition, many rural towns in northeast Connecticut have substantially higher rates of births to teens than the state average.

*Note: These rates are based on three year averages.

Source: U.S. city data from Child Trends, *Facts at a Glance*, March 1993; analysis of teen births from *Vital Statistics of the United States, 1990, Vol. 1, Natality*; effects of teen parenthood from Alan Guttmacher Institute, "Teenage Sexual and Reproductive Behavior," *Facts in Brief*, 1993 and Zabin, L.S. and Hayward, S.C., *Adolescent Sexual Behavior and Childbearing*, 1993; Connecticut information from Department of Public Health and Addiction Services, *Registration Reports*, 1983 through 1990.

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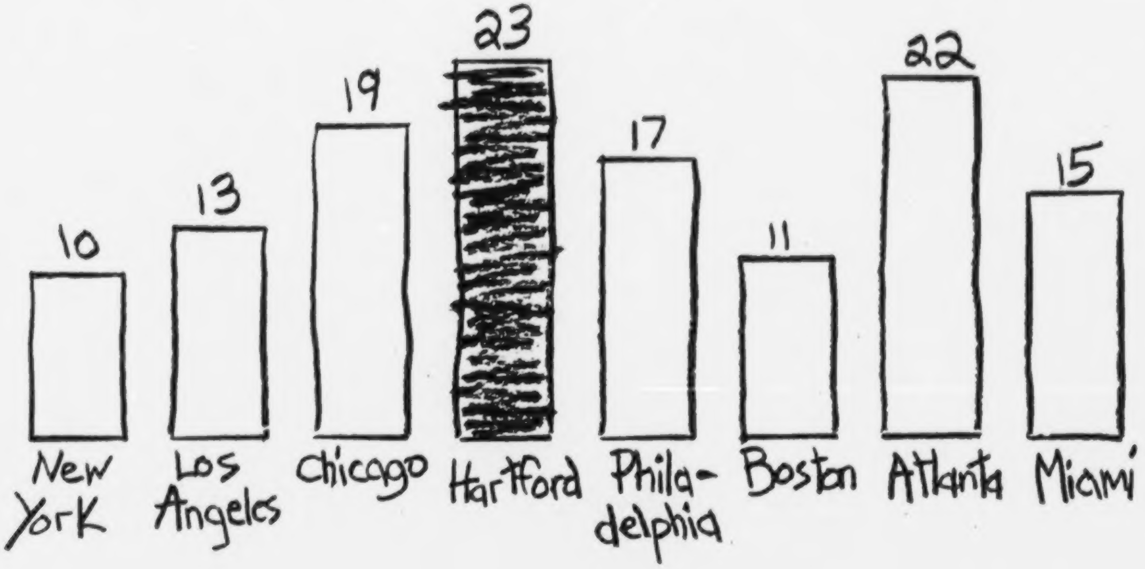
Percent of all births that are to teen mothers



Source: Child Trends

Connecticut's teen birth rate increased **25%** between 1980 and 1990.

This increase was the **fifth** highest in the nation.

The teen birth rate is the proportion of all teenage girls that give birth in a certain year.* This rate held steady between 1980 and 1985, at 31 births to teen girls per 1,000 girls ages 15-19. By 1990, the teen birth rate increased by 25% to 39 births per 1,000 teenage girls. This increase was the fifth highest of all the states and the District of Columbia, and almost twice the national average.

Teen birth rates vary substantially by race and ethnicity in our state. In 1990, the teen birth rates for blacks and Hispanics were three times higher than the state-wide rate.

The teen birth rate is a function of teens' capacity and motivation to prevent pregnancy. If girls believe they have alternative life options such as college or a career, they are much more likely to delay parenthood. Teens who exhibit problem behavior in school are more likely to end up teen mothers; girls whose friends and siblings are already mothers are also more likely to become teenage mothers.

*Note: This is different from the percentage of all births that are to teenage mothers which is discussed on previous pages.

Source: Birth rates from Child Trends. *Facts at a Glance*. March 1993. Connecticut information from the Department of Public Health and Addiction Services. *Registration Reports*. 1983 through 1990. National Research Council. *Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing*. 1987.

Preventive health care is important for monitoring children's growth and development and identifying potential problems before they become acute. Yet, because of a lack of health insurance, many children do not see a doctor until an emergency arises and they have to go to the hospital.

The best available estimates of the number of children who are not covered by any form of publicly-funded or private health insurance come from the Current Population Surveys conducted annually by the U. S. Bureau of the Census. For 1988-1992, 6.8% of children under 18 were uninsured (approximately 51,000 children).*

Many children in Connecticut do not have health insurance.

Lack of affordable health insurance most affects the working poor. This is because the poorest people are often covered by Medicaid, and the middle and upper classes often get health insurance for themselves and their families through their employers. Low-wage jobs are least likely to provide health benefits. Working even a part-time job often raises a family's income above the eligibility level for Medicaid, but is not enough to purchase insurance separately. According to a study done by the Connecticut Health Care Access Commission, **about 84% of the uninsured in Connecticut are members of families in which the family head or spouse is employed.**

The Health Care Access Commission also found that people from minority groups are less likely to have health insurance than whites. Hispanics in Connecticut are almost twice as likely to be uninsured as non-Hispanics. About 10% of blacks are uninsured compared to 8% of whites.

Having health insurance does not guarantee access to needed health care services. Many children are under-insured and do not have coverage for certain essential services, such as mental health care. Other barriers to health care include education and language limitations, transportation, and local shortages of health care professionals, especially when providers refuse to participate in the Medicaid program. Despite our knowledge of these barriers, state spending on preventive health care for children is inadequate. Although children make up 46% of all Medicaid recipients, they only accounted for 11% of total Medicaid spending in FFY 1992.

*Note: Because of the fluctuation from year to year of the percentage of children without health insurance, it is best to look at the data over time using multi-year averages. This number is expected to decrease as an additional estimated 7,000 children under age 6 are now eligible to receive Medicaid due to the expansion of its eligibility criteria during Connecticut's 1993 legislative session.

Source: estimate of uninsured children from *KIDS COUNT Data Book*, 1993; Health Care Access Commission, Connecticut, *Short Term Prescriptions for State Health Care Reform: Interim Report*, February 1993; Medicaid figures from Connecticut HCFA 2082 Report, 1993.

DETECTO
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One-third of Connecticut kindergartners were **not** fully immunized **by age two.**

Based on a 1993 retrospective analysis of children enrolled in kindergarten in Connecticut, only 66% were fully immunized against polio, diphtheria, measles, mumps and rubella by the time they were two.

The national goal for the year 2000, set by the U.S. Department of Health and Human Services, is to have at least 90% of all children fully immunized against vaccine-preventable diseases by age 2.

A 1984 study found that every $1 spent on the Childhood Immunization Program saved the government an estimated $10 in medical costs.

In 1990, the U.S. ranked 17th in the world in the percentage of one-year-olds fully vaccinated against polio. Mexico, Poland and Chile had higher rates of polio vaccination than the United States.

Source: Connecticut data from Department of Public Health and Addiction Services; goals from U.S. Department of Health, *Healthy People 2000*, 1990; national data from National Commission on Children, *Just the Facts: A Summary of Recent Information on America's Children and Their Families*, 1993; international data from Children's Defense Fund, *The State of America's Children*, 1992.

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Lead paint was not prohibited for use in residential settings until 1978. Many buildings still have some lead-painted surfaces, especially those built before 1950. In Connecticut, 35% of all houses fall into this category, and the 95,000 children under age 6 who live in them are at risk for lead poisoning. More than half of the houses in Hartford, New Haven and Bridgeport were built before 1950.

More than **95,000** Connecticut **children under six** are at risk of developing **lead** poisoning.

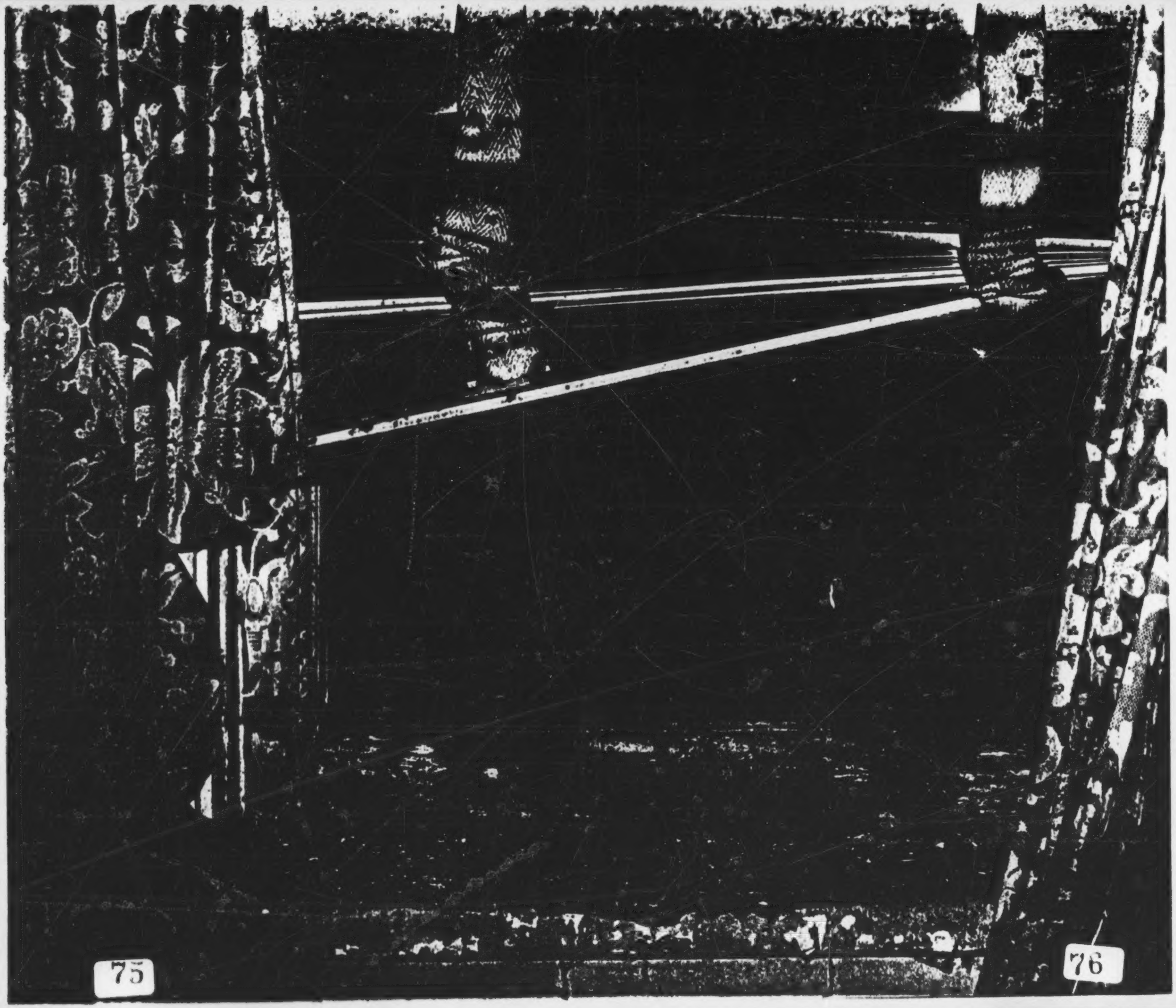
Children do not have to eat paint chips to be harmed. Children are most commonly poisoned by lead-contaminated dust that gets in their mouths through normal activities, like playing and eating. They can also be poisoned by water from the faucets in their homes which may be contaminated by lead in their plumbing pipes.

Even low levels of lead in children can slow mental development and cause learning and behavioral problems. High levels of lead may cause lasting damage to the developing nervous system and the reproductive system. Kidney damage, anemia, deafness, blindness, coma, and even death can also occur.

Almost 90,000 blood lead tests were conducted by the Connecticut Department of Public Health and Addiction Services in 1992, not including private lab test results. In the last six months of 1992, 697 tests showed an elevated blood lead level higher than safe levels. **Almost one-third of these cases of lead poisoning were in Bridgeport alone.**

The United States Centers for Disease Control estimate that the cost of lead poisoning prevention activities is offset by savings in avoided medical costs, special education, and lost lifetime earnings. They estimate that the lifetime benefit of preventing one child's blood lead level from increasing 40% (from 24 to 34 ug/dl) is more than $16,000. The cost of abating the lead hazards in one housing unit, which often contains two or more children, will vary from approximately $2,000 to $25,000 per unit.

Source: Unpublished data from the Connecticut Department of Public Health and Addiction Services, 1993.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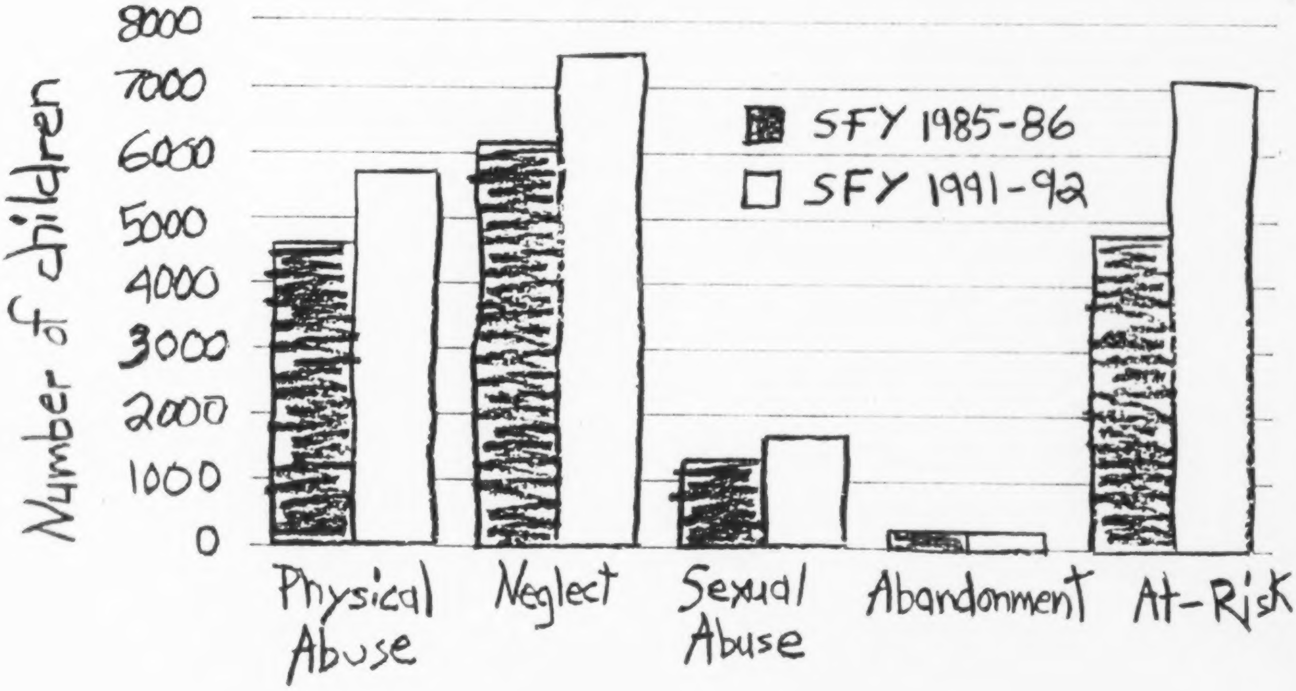
Increase in Child Maltreatment Referrals



Source: Department of Children and Families

According to several national studies, the incidence of child maltreatment is considered to be several times higher than the numbers which are reported. In Connecticut, reports are received on 3.4% of all children. Studies document that for every reported case involving physical injury, many others have occurred, but go unreported. Maltreatment of children occurs in all socioeconomic groups and in all types of families.

Over the last seven years, the rate of reports of child maltreatment has increased 50% in Connecticut, with the sharpest increase in the last year. This reflects a nationwide trend of increased reports. In SFY 1985-86, 22.5 per thousand children (2.3% of all children) were referred to the Connecticut Department of Children and Families (DCF), while 33.9 per thousand (3.4% of all children) were referred in SFY 1991-92. Nationally, this sharp increase has two main causes: greater public awareness, which leads to more reporting, and child maltreatment due to the economic stress of poverty, unemployment and related work concerns. Referrals to DCF can be for different reasons: physical abuse, sexual abuse, neglect, abandonment, or being at risk of abuse/neglect. The largest increase in referrals in the past six years has been in the at-risk category.

The high rates of abuse and neglect among single-parent families reflects a special need for additional supports for these families to help them counter the additional economic and emotional stress they often experience. Of those children confirmed as abused, 45% are from one-parent households, although children from single-parent families make up only 20% of all children.

Connecticut officials estimate that between **8% and 10%** of all children may be seriously **maltreated.**

Source: Connecticut information from the Department of Children and Families, *Child Welfare Services Plan For 1992-1993* and *Statistical Summary, State Fiscal Year 1991-1992*; national information from the National Committee for the Prevention of Child Abuse, *Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1991 Annual Fifty State Survey*, April 1992.

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1,641 children were reported as sexually abused in SFY 1991-92.

The Department of Children and Families reports that 1,641 children were referred for sexual abuse in SFY 1991-92 (not all of these cases were confirmed, however). Most experts agree that this number does not represent the full extent of child sexual abuse in our state because the cases are hard to prove and because children often do not tell anyone about sexual abuse because of fear of reprisal from the abuser. Various studies of adults looking back on their childhoods have found that anywhere from 6% to 62% of the women and 3% to 31% of the men were sexually abused.* Child sexual abuse occurs among all segments of the population. It happens to children in rural, suburban, and urban areas, in all socioeconomic and educational levels, and across all racial and cultural groups.

Generally, children are sexually abused by adults who are related to them or known by them or their families. An estimated 77% of reported abusers are parents or step-parents, 16% are other relatives, and 6% are non-related. Most studies indicate that among reported perpetrators, 90% or more are male. Not all perpetrators are adults; many research studies report that a substantial proportion of offenders are adolescents whose victims are other children.

Child abuse has far **reaching effects.** The Department of Children and Families found that **60-75% of current residents at Long Lane School, Connecticut's school for delinquent youths, have a history of being sexually abused.** A national study found that two-thirds of all prostitutes were sexually abused as children. The rate of teen pregnancy among girls who have been abused is significantly higher than that of non-victims. Two-thirds of pregnant teens reported being sexually abused at some point in their lives according to one national survey.

*Note: While many estimates have been made, no one knows exactly how many children are sexually abused. Reasons for the large differences between these estimates include different definitions of child sexual abuse, the methodology used in the survey, and the sensitive nature of the subject.

Source: Connecticut Department of Children and Youth Services. *Statistical Summary, State Fiscal Year 1991-1992*, 1993. Department of Children and Youth Services. *Child Welfare Services Plan for 1992-1993*, 1992. Finkelhor, D. *A Sourcebook on Child Sexual Abuse*, 1986. Thoringer, D. et al. "Prevention of Child Sexual Abuse: An Analysis of Issues, Educational Programs and Research Findings," *School Psychology Review*, 1988. Silbert M. "Treatment of Prostitute Victims of Sexual Assault," in *Victims of Sexual Aggression*, 1984. Boyer, D and Fine, D. "Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment," *Family Planning Perspectives*, January 1992. National Center for the Prosecution of Child Abuse, "Child Sexual Abuse," Fact Sheet No. 19, 1992; definition of child sexual abuse from Illinois Coalition Against Sexual Assault, "Sexual Violence: Facts and Statistics," 1992.

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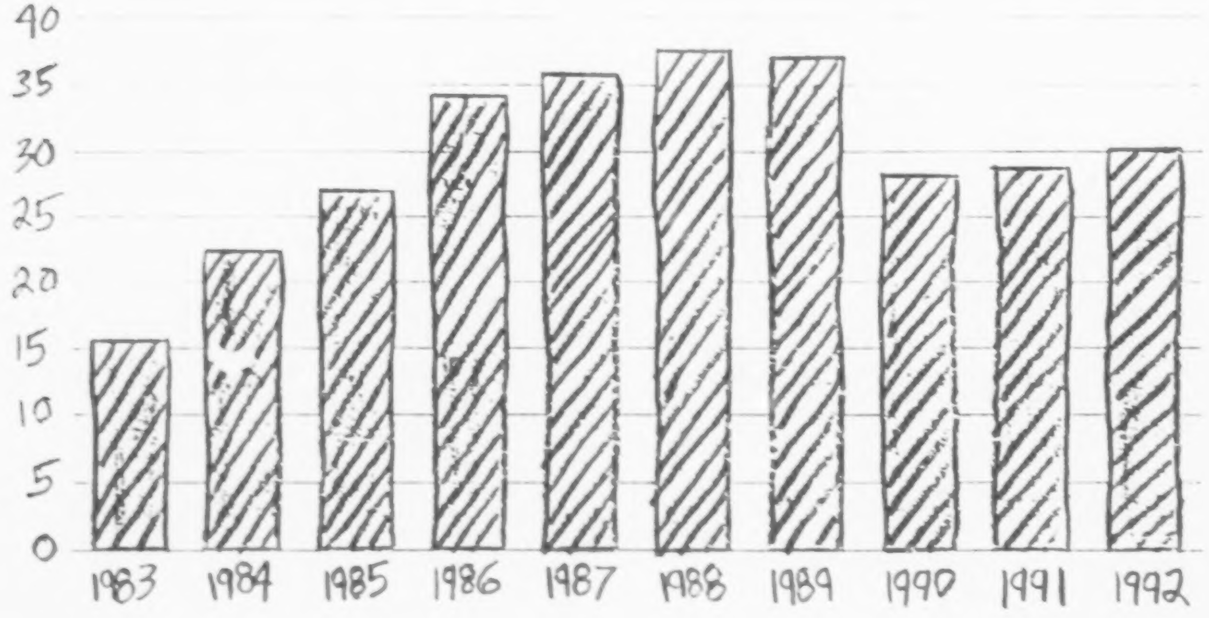
Child sexual abuse is the sexual exploitation of a child by an adult or older child. The sexual activity does not necessarily involve force; children are often bribed or verbally coerced into sexual acts.

The difference in age and sexual knowledge between a child and an older person makes informed consent to sexual activity impossible.

Children with four or More changes in placement as a percentage of all children who have been in out-of-home placement for more than six consecutive months



Source: Connecticut Department of Children and Families

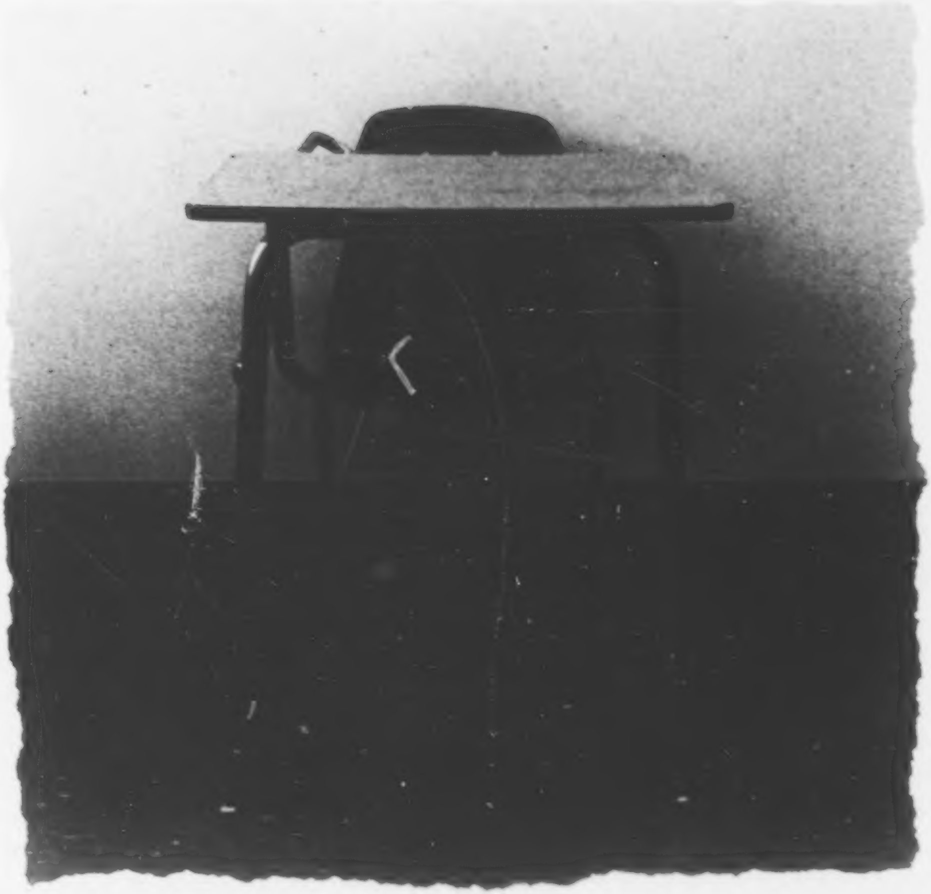
Thirty percent of children in out-of-home **placement** for more than six months had four or more **changes** in placement.

The major reason children in Connecticut are placed in foster care or other out-of-home settings is to protect them from abuse or neglect. An average of 3,990 children per day were served state-wide in out-of-home placement in SFY 1991-92. Of those, 83% (3,310) were in out-of-home placement longer than 6 consecutive months. Almost one-third (30%) of these children had 4 or more changes in placement.

Half of all children in protective custody are placed in family foster homes, 20% are in residential care, 15% are living with relatives, 4% are in a group home, and 3% are living independently. The living situation of the remaining 8% are classified as "other", and might include, for example, a child temporarily living with a teacher.

Over the past decade, there has been an increase in the percentage of children from racial and ethnic minority groups who are in out-of-home placements. However, white children still make up the largest group of children in out-of-home placement: 44% white, 40% black, and 16% Hispanic.

Source: Connecticut Department of Children and Families. *Child Welfare Services Plan For 1992-1993*. Appendix D. *Child Placement Inventory Analysis*.



Education

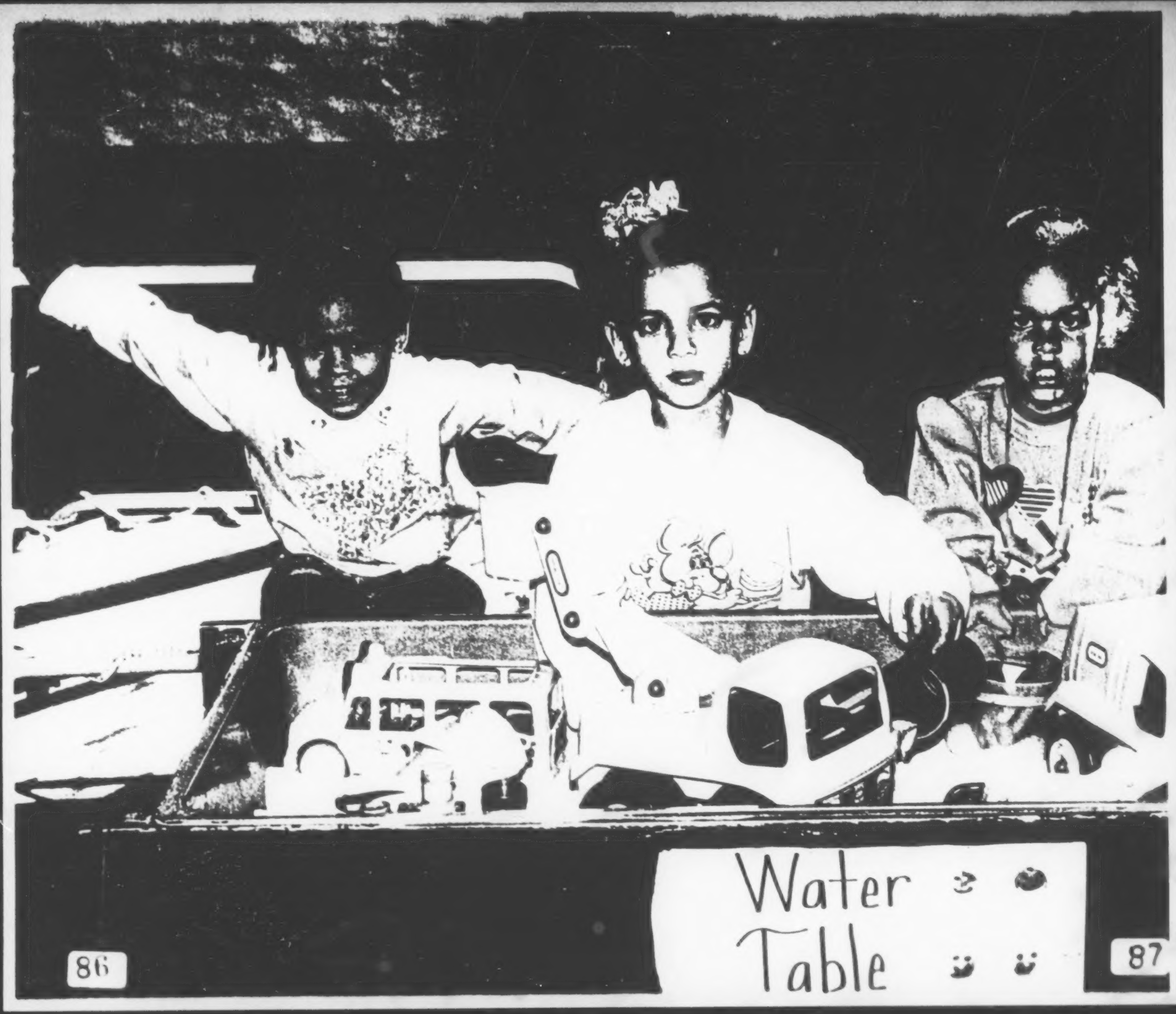

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Table

Head Start is a federally funded, comprehensive early childhood program for economically disadvantaged preschoolers. In addition to providing appropriate learning activities, Head Start provides preventive health care and nutritious meals, and encourages parents to become involved in their child's education. A 1985 review of more than 200 Head Start evaluations found that **the program has immediate positive effects on children's intellectual abilities.** It has a positive influence on children's health and development, and improves their self-esteem, motivation to achieve and social behavior. Like other high quality preschool programs, when implemented well it can establish a firm foundation for a child's success later in life.

In Connecticut, only one-third of eligible children are enrolled in Head Start.

In Connecticut, 5,311 poor children are enrolled in Head Start. Only 33% of those eligible participate. It's not that poor families are able to find other preschool programs that they can afford or that better fit their needs; a 1990 study found that only 44% of poor children participate in any type of preschool program. Preschool-aged children from wealthier families are 70% more likely to attend preschool than poorer children across the nation.

One reason for low participation in Head Start is because it doesn't meet the parents' needs; for example, few Head Start programs go all day or all year, making it difficult for parents to work full-time. However, a substantial proportion of the problem is lack of money and facilities. For example, the Hartford Head Start Program has 220 eligible children on its waiting list, many of whom may never get to participate because there just is not enough space or enough money to hire teachers.

Source: Head Start enrollment in Connecticut from State Department of Education; National Commission on Children, *Beyond Rhetoric*, 1993; U.S. General Accounting Office, *Poor Preschool-Aged Children: Numbers Increase But Most Not in Preschool*, 1993; waiting list as of December 1993 from the Community Renewal Team of Greater Hartford, Inc. Head Start Program.

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> A typical family with an infant and a preschooler pays $13,750 each year for child care.

The cost of child care varies by the age of the child, the setting in which care is given and the region of Connecticut where it takes place. The 1991 market rate* at a child care center in the Hartford region was $160 per week for an infant or toddler and $115 for a preschool child. **A person would have to work 40 hours per week at $6.88 an hour to pay for child care costs alone.** Even in the least expensive region for child care and the least expensive setting (in a relative's home), parents paid $85 per week for infants and $75 per week for preschoolers. For many families, cost is a significant barrier to obtaining high quality care for their children.

Connecticut does provide some assistance to families but it is not enough to meet the need. The Department of Social Services has provided subsidies for low-income families earning up to 75% of the state median income ($33,977 for a family of three), but, for the past two years, the program has had to turn people away because it ran out of money. Recipients of AFDC who work or go to school receive child care subsidies, but the amounts paid to this population by the Department are well below market rate.

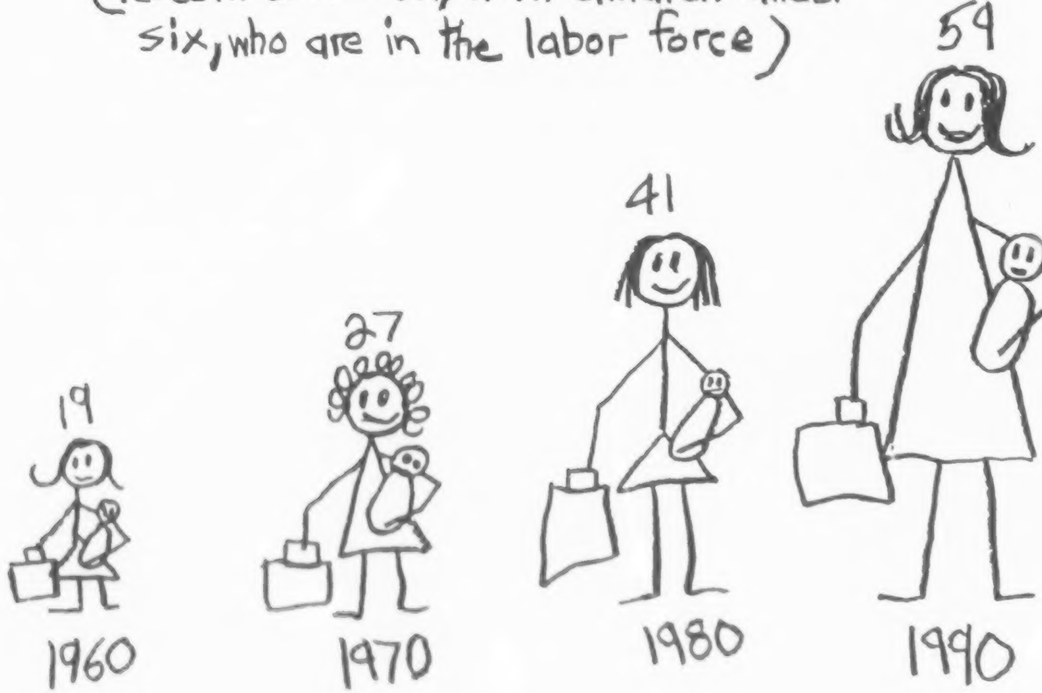
In addition, the lack of growth in real wages in the 1970s and 1980s created the need for many women to enter the labor force. The rapid pace at which this happened has created a demand for child care services, particularly for infants and toddlers, which has out-paced the supply of quality, affordable care. Over half (55%) of the children in our state under age six (148,631 children) live in families where both parents (or their only parent in single-parent families) are in the labor force.

*Note: Market rate is defined a the 75th percentile of all fees reported by child care providers by age of child, setting of care, and region of the state.

Source: Department of Social Services, "Market Rate Schedule, Child Care Certificate Program," based on market rate surveys conducted by INFOLINE, May 1991. U.S. Bureau of the Census, *Census of Population and Housing 1990*, Summary Tape File 3A, Table P-74.

Labor force participation of Connecticut mothers of young children

(Percent of women, with children under six, who are in the labor force)



Source: U.S. Bureau of the Census

1991 Earnings Comparisons for non-supervisory workers

Industry	Average Annual Earnings
computer and data processing services	$30,766
New and used car dealers	$21,607
photocopying and duplicating services	$17,542
laundry, cleaning and garment services	$12,302
automobile parking	$11,497
grocery stores	$11,451
hotels and motels	$11,318
gasoline service stations	$11,202
beauty shops	$11,061
child day care services	$9,681

Source: U. S. Department of Labor

The quality of care received in a child's early years is critical to the child's development and is the foundation for his or her success later in life.

One of the most important factors in determining children's success in school is their readiness to learn when they enter elementary school. High quality early childhood programs can help children at risk of educational failure develop basic intellectual and social skills and acquire the motivation to succeed in school. Research shows that children from low-income families who attended a high quality early childhood program were less likely to repeat a grade or require special education classes, less likely to be arrested or become pregnant as a teenager, and were more likely to graduate from high school and have higher incomes.

Early childhood teachers are paid significantly less than other professionals. For example, although many early childhood teachers have college degrees, on average they earn less than people who pump gas. Such low salaries lead to high turnover in the early education field, which hurts children who are just learning to rely on adults at this stage of their development. Nationally, 26% of early childhood teachers left their jobs between 1991 and 1992, compared to a 6% turnover rate for public school teachers.

In SFY 1991-92, less than 1% of state funding for child care services was spent on training early childhood teachers.* Similarly, Connecticut's enforcement and monitoring personnel for child care facilities carry caseloads that preclude annual inspections of all child care providers. Overall, Connecticut invests significantly more on the education of older children than those younger than six, yet the earliest years may be more crucial in determining a child's success later in life.

*Note: This percentage is based on the total spent by the State of Connecticut in SFY 1991-92 on training, state-funded centers, school-age child care, the Child Care Certificate program, Head Start, and child care for Job Connection participants.

Source: child development and effect of preschool from Schweinhart, Barnes and Weikart, *Significant Benefits: The High/Scope Perry Preschool Study Through Age 27*, 1993, and National Commission on Children, *Beyond Rhetoric*, 1993; salaries from U.S. Department of Labor, *Employment and Earnings*, 1992; child care health and safety inspections from CAHS, *Caring for the Children: Child Care in Connecticut*, 1990; child care expenditures in SFY 1991-92 from *Connecticut State Budget SFY 1992-93*.

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One **in seven** Connecticut students receive **special education** services.

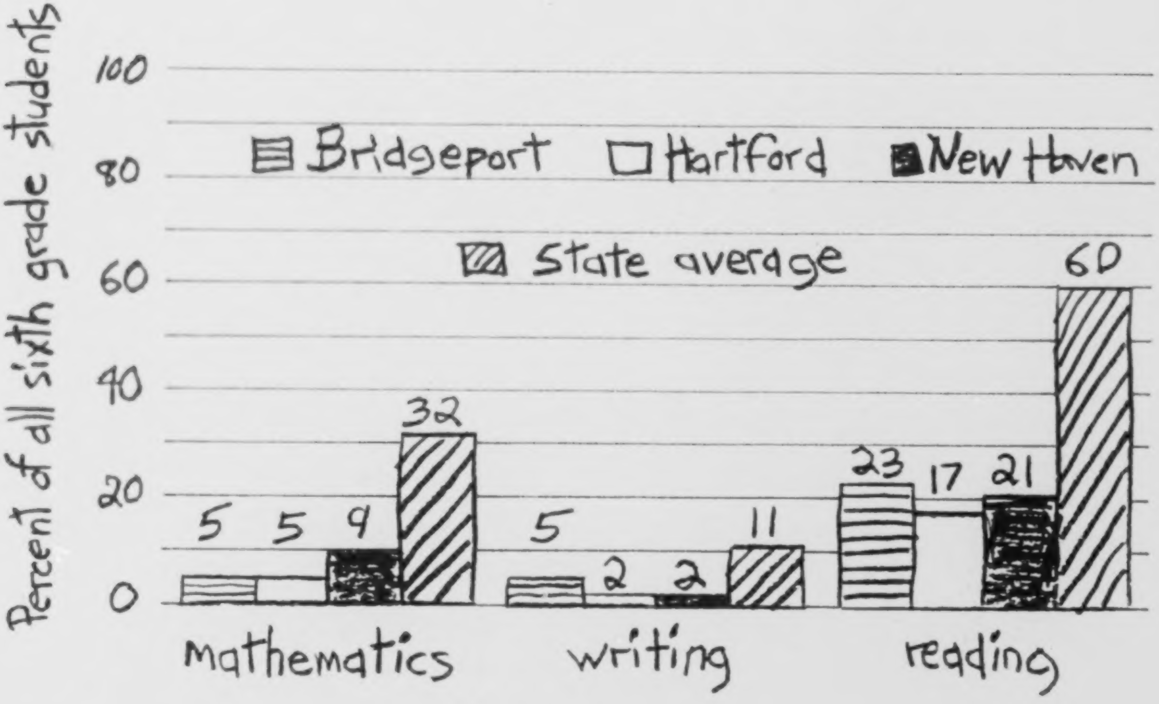
Students identified as having special education needs include those who are mentally retarded, physically handicapped, socially and emotionally maladjusted, neurologically impaired, speech handicapped or learning disabled. In school year 1989-90, this meant almost 65,000 students, or 14% of total enrollment. Fifty-two percent of special education students receive five hours or less per week of special education instruction.

Almost half of special education students have a learning disability. This means their intellectual ability is greater than their academic performance. Eighteen percent of special education students are classified as socially or emotionally maladjusted, and another 18% as speech handicapped.

The percentage of students who receive special education services varies dramatically by district. Some school districts have as many as one in four students identified as needing special education, while others have as few as one in sixteen. One reason for this difference is the varying ability of schools to identify students who need additional services. Ninety-five percent of special education students' needs are met in their local communities.

Source: Connecticut State Department of Education, *Special Education in Connecticut: Fiscal and Demographic Trends*, June 1991.

Students meeting state goal



Source: Connecticut State Department of Education

Only **6%** of Connecticut sixth grade **students** meet the state goal for **reading, writing and** mathematical skills.

Connecticut tests students on their reading, writing, and mathematical skills in the 4th, 6th and 8th grades using the Connecticut Mastery Tests. The State Department of Education has set two different standards by which they evaluate students' performance on these tests. The higher-level standard is the state goal; this is the level that ideally every student at that grade level is expected to achieve. The lower-level measure is the remedial standard; a student performing below this level receives further diagnosis to determine if extra help is needed.

In the 1992-93 school year, only 6% of Connecticut sixth graders met the state goal on **all** three subject tests. More than one-third (38%) did not meet the state goal on any of the three tests.

Currently, two-thirds of Connecticut sixth graders are above remedial standards in all three areas. Eighteen percent are below remedial standard in one area, 11% in two areas, and 5% need remedial help in all three areas. Although there has been steady improvement by the poorer districts on all outcome measures, the performance gap between rich and poor districts has not decreased. **In Connecticut's three largest cities 63% need remedial help in reading, 42% need help in math, and 28% need help in writing.**

Source: Connecticut State Department of Education, *Connecticut Mastery Test Results, Grade 6*, School Year 1992-93.

> More than one in seven Connecticut children **do not** speak English at home.

According to the 1990 census, 78,041 Connecticut children (15%) ages 5-17 do not speak English at home; one-third of these children do not speak English "very well." Only nine other states have a higher percentage of children who speak languages other than English in their homes.

Of the 78,041 children, 58% speak Spanish. Forty-two percent of these children speak languages other than English or Spanish at home.

The number of students who need to learn English as their second language is increasing, as is the diversity of the languages they speak. Programs for students who have limited English proficiency are offered at 61% of Connecticut's schools. Five percent of Connecticut students were enrolled in bilingual or English as a Second Language (ESL) programs in 1991-92.

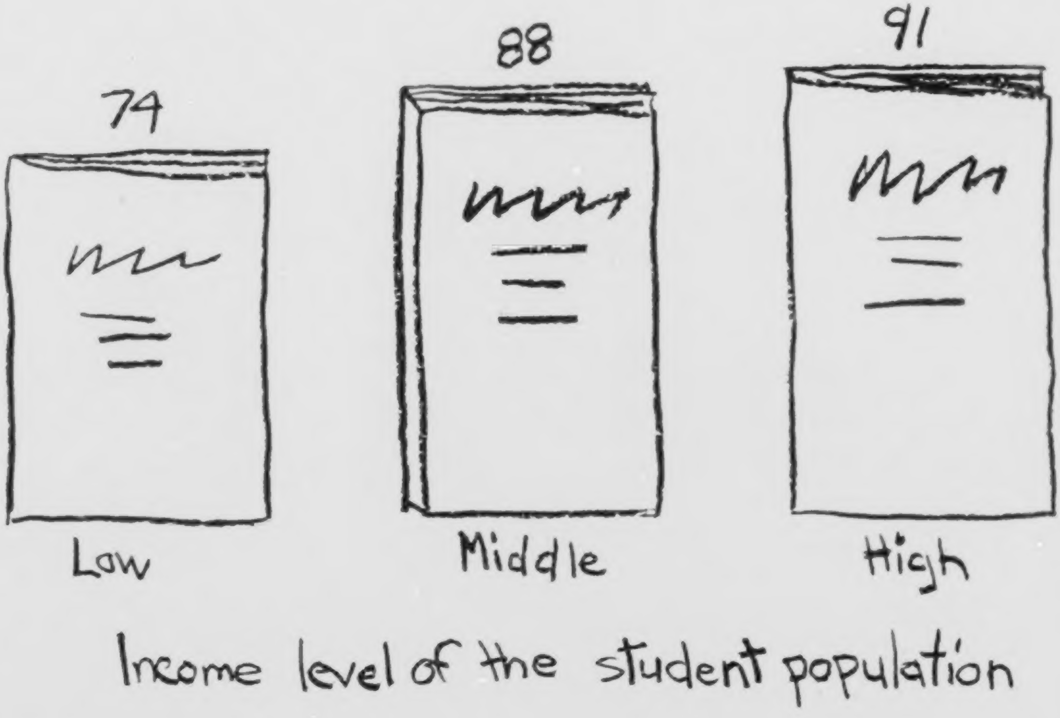
Connecticut does not require special programs for all students with limited English ability; instead it only requires bilingual programs in schools with 20 students of the same language group. Currently programs include Spanish, Haitian Creole, Malay, Portuguese, Polish, Cambodian, Laotian, and Vietnamese languages.

Schools are not the only entities that have to meet this need. Other programs for children, including child care, must meet the needs of a culturally diverse population for whom English may not be the first language.

Source: U.S. Bureau of the Census, *Census of Population and Housing 1990*, Summary Tape File 3A, Table P-28; Population Reference Bureau, *The Challenge of Change: What the 1990 Census Tells Us About Children*, 1992; Connecticut State Department of Education, *A Profile of Our Schools*, 1993.

Schools With Libraries

Percent of elementary/middle schools with dedicated library/
media centers



Source: Connecticut State Department of Education

Beyond contrasting test scores, there are vast differences in the facilities and "extra" offerings provided by schools serving low- and high-income students. Yet these activities are of vital importance in helping children develop. They provide a training ground for leadership, problem solving, and communication skills. A seminal study of the factors related to adult success found that adult accomplishments were

> *"uncorrelated with academic talent, including test scores, high school grades and college grades. However, adult accomplishments were related to comparable high school nonacademic (extra-curricular) accomplishments. This suggests that there are many kinds of talents related to later success which might be identified and nurtured by educational institutions."*

Two in three schools serving poor children had more than 20 students per computer.

By contrast, in higher-income schools, only one in three had such a high ratio of students to computers.

Poverty is a major indicator of whether schools offer band, orchestra or chorus. For example, in schools serving 4th through 6th graders, band is offered in 75% of high-income schools, compared to 33% of low-income schools. Similarly, elementary schools serving low-income students often do not have art or music rooms. In Connecticut, 26% of low income elementary/middle schools had no dedicated library/media center, compared to 9% of high-income schools.

Foreign languages are more likely to be offered, and offered at an earlier grade level, in wealthier schools. In high-income schools, 54% of 8th graders were enrolled in a foreign language, compared to 14% in low-income schools.

Elementary schools in Connecticut's three largest cities were more than three times as likely (18.3%) to have no gym facilities as elementary schools throughout the state (5.5%).

The difference between high- and low-income schools holds true at the high school level as well. Poorer schools offer fewer Advanced Placement and college credit courses, fewer extra curricular activities, and fewer interscholastic sports.

*Note: The use of the term high-income school refers to the wealth of the school's students rather than to the school budget. The percentages of schools with high student to computer ratios were 64% for low-income schools and 35% for high-income schools.

Source: Connecticut State Department of Education. *A Profile of Our Schools*, 1993. Munday, L.A. and Davis, J.C. "Varieties of Accomplishment After College: Perspectives on the Meaning of Academic Talent." American College Testing Program. *Research Report #62*, 1974.

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Each year, 4.7% of Connecticut's students drop out of high school — one in every 20 students. Seven cities have dropout rates that are more than twice as high as the state average: Bridgeport (11.2%), Hartford (17.1%), New Britain (12.1%), New Haven (11.1%), New London (12.6%), Plymouth (9.6%), and Waterbury (10.4%). The 26 school districts in low socioeconomic areas accounted for almost 63% of the dropouts, but had only 34% of the total high school enrollment.

Seven Connecticut **cities** have high school **dropout** rates more than **twice** the state **average.**

Applying the state average for each grade level to a hypothetical class of 100 students entering ninth grade, only 83 would graduate from high school in a typical Connecticut town. In Hartford, only 51 would graduate.*

Minorities are more likely to drop out of high school. One of seven Hispanic students, and one of 11 black students quit during the past year, compared to one of 32 white students. However, because the student population in Connecticut public high schools is 77% white, white dropouts accounted for just over half of all dropouts in the state.

The consequences of dropping out of high school can be severe. For example, compared to families headed by individuals who are high school graduates but have no further education, families headed by high school dropouts are twice as likely to have incomes below the federal poverty level.

*Note: This calculation of the number of students who would graduate in a typical class is cumulative over four years. Dropout rates used here are only for high school students. They do not include the number of children who drop out of school before ninth grade. This calculation actually paints an optimistic picture of the dropout problem in Hartford because it does not include the 12% dropout rate for grades 7 and 8. The dropout figures calculated by the State Department of Education include students who officially withdraw from school, those who enter a non-educational program (e.g. truck driving school or GED classes), and those whose status is unknown.

Source: Connecticut State Department of Education, *A Profile of Our Schools*, 1993 and *Dropout Data Analysis on Public School Districts in Connecticut 1991-92 School Year*, 1993; employment information from U.S. Bureau of the Census, *Statistical Abstract of the United States 1993*, Table 264.

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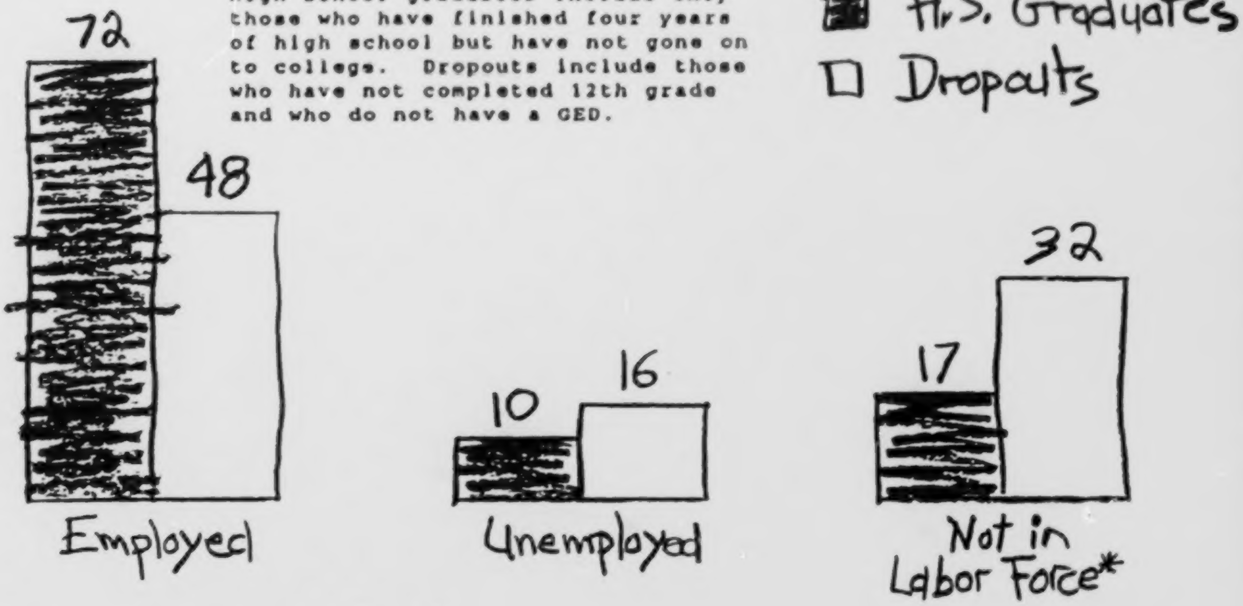
Employment status of High School Graduates and Dropouts in U.S. Not Enrolled in College

Percent of civilian, noninstitutionalized population
16 to 24 years old in each category

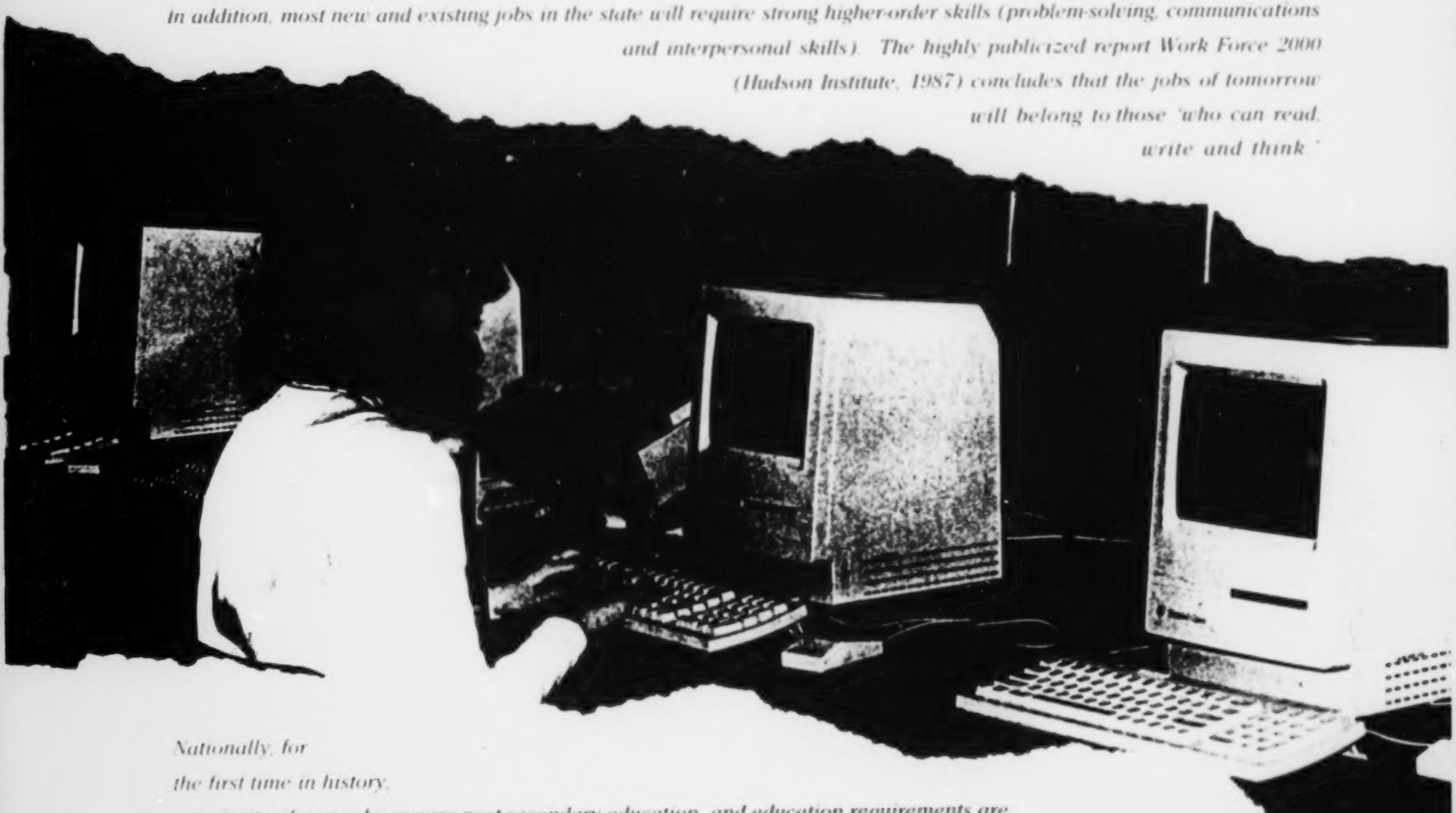


High school graduates include only those who have finished four years of high school but have not gone on to college. Dropouts include those who have not completed 12th grade and who do not have a GED.

Source: U.S. Bureau of the Census

* Not in the labor force includes those people who are not employed and who are not looking for work.

"While in the past the unskilled and poorly educated could get jobs, very few new jobs will be created in the future for those who cannot read, follow directions and use mathematics. Any such jobs that are available will offer low wages. In addition, most new and existing jobs in the state will require strong higher-order skills (problem-solving, communications and interpersonal skills). The highly publicized report Work Force 2000 (Hudson Institute, 1987) concludes that the jobs of tomorrow will belong to those 'who can read, write and think.'



Nationally, for the first time in history, a majority of new jobs require post-secondary education, and education requirements are expected to continue to increase. With more than one of every eight students in Connecticut's public schools in the three largest cities, the state's economic success may well depend upon the success of our urban students."

— A Profile of Our Schools, Connecticut State Department of Education

A survey of almost 400 Connecticut business executives reported that the needs of employers are not being met by graduates of local high schools and regional vocational-technical schools. Problem solving skills and writing were the areas deemed most lacking in people hired for entry-level positions. Furthermore, most of those surveyed thought the quality of applicants for entry-level positions had not improved over the past ten years: 43% stated the quality had declined and 26% thought the quality had stayed the same.

Almost **half** of Connecticut **employers** surveyed **stated that** local high school graduates did **not** meet their companies' **needs** for entry-level **positions.**

One business executive summed up many of the respondents' concerns: "We spend a lot on training, and probably always will. I wish our employees were better schooled in the basic skills when we hire them. Many are poor problem solvers, have very poor writing skills, limited communication skills, and are afraid of mathematics."

Although approximately 61% of Connecticut high school graduates attend four-year colleges, many of them do not complete their bachelors' degree program. Between half and three-quarters of high school students either don't attend, or fail to graduate from, four-year colleges. Therefore, we cannot rely on the education system beyond the high school level to prepare our young people for the world of work.

In addition to the lack of basic skills cited by employers, a second factor contributing to this problem is that the needs of employers are more advanced than they were in the past. The basics needed for many jobs now include problem-solving and technical skills such as computing. For example, janitors who maintain a shopping mall in the Hartford area use computers to turn on the lights and to order cleaning supplies.

Source: Connecticut Business and Industry Association, "CBIA Membership Questionnaire on Work Force and Job Training Needs," September 1993; Connecticut State Department of Education, *A Profile of Our Schools*, 1993; Condon, A. "Why business wants education reform," *CBIAnews*, October 1993.

Wesson

Emotional Well-being

Both parents and children experience a tremendous amount of stress in the 1990s. Most children live in families where both parents (or the only parent in single-parent families) are in the labor force. This reduces the amount of time they can spend together as a family. Single parents face an even greater challenge because they shoulder the responsibilities usually shared by two people.

Television, mass culture, and peer pressure influence children a great deal and many of their messages glamorize risky behaviors. There are many ways in which a child can go astray. They need caring adults to help guide them through the often difficult transition to adulthood.

Almost one-quarter (23%) of Connecticut high school students who participated in the Connecticut Health Check* reported that they rarely or never turn to friends or relatives when something is troubling them. Yet, 13% reported they were under a lot of stress at home, and 36% reported having experienced a serious personal loss in the past six months.

Almost three-quarters of **children 10-13** would like to **talk more** with their parents about school work.

A recent national survey found that many children would like to talk more with their parents about problems that concern them, especially school work and problems with friends. However, this desire to talk more with their parents declines as the children get older.

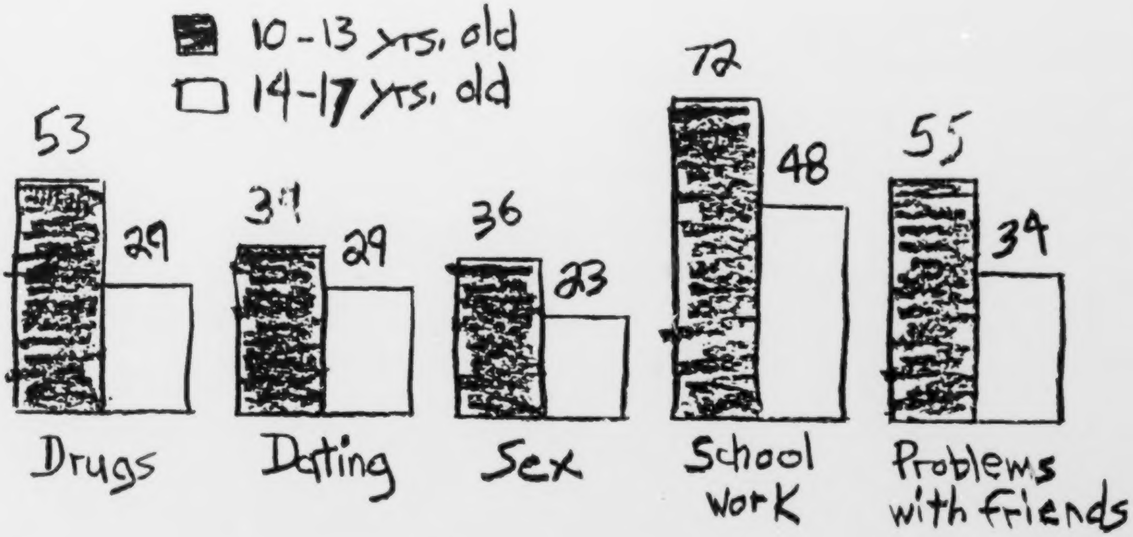
A majority of parents (59%) indicate they would like more time with their children. Almost one in three children would like more time with their fathers, and one in five want more time with their mothers.

In this same study, 39% of children ages 10-17 said they "sometimes" wished their parents were stricter or kept a closer watch over them and their lives. Another 8% said that they wish this a lot. Only about 1% said they "never" wanted their parents to be stricter or more attentive.

*Note: Connecticut Health Check is an educational program offered by the Department of Public Health and Addiction Services which is conducted in self-selected schools throughout Connecticut and collects data from participants anonymously.

Source: National Commission on Children, *Speaking of Kids*. Department of Public Health and Addiction Services, *Connecticut Health Check*, 1992-93

Percentage of children who would like to talk more with their parents about problems that concern them



Source: National Commission on Children, 1990

The average American youngster
has spent **11,000 hours** in school
by the time he or she is 18,
but a total of **15,000 hours**
in front of
a television screen.

The typical child watches an average of 40 hours of television per week. Except for sleep, children spend more time watching TV than anything else they do. Although some television programs have proven educational value, watching a lot of television is not healthy for children's minds or bodies. Children who watch a lot of TV, regardless of content, tend to read less, play less, and be overweight.

The programs on television are filled with violence. One often-cited study showed that children's programs have five times the number of violent incidents that prime time shows include. And children who watch a lot of television are more aggressive than children who watch less TV. Viewing violence on television affects children's values — for instance it makes them more fearful of violence in the real world, and makes them more likely to use violence as a means of resolving conflicts in their own lives.

Although the effects of television violence can be mediated by adults discussing it with children, in many cases this does not happen and children are left to make sense of what they have seen on their own.

Source: Children's Defense Fund, *The State of America's Children*, 1992; television violence estimates from Congressional Quarterly, *CQ Researcher*, 3/26/93, "TV Violence" vol. 3, no. 12; National Commission on Children, *Beyond Rhetoric*, 1993; Centerwall, B., "Television and Violence: The Scale of the Problem and Where to Go From Here," *Journal of the American Medical Association*, June 10, 1992; "Thief of Time, Unfaithful Servant: Television and the American Child," *Dædalus*, Winter 1993.

By the time a child
finishes elementary school,
he or she will have seen
8,000 murders and
100,000 acts of violence
on television.

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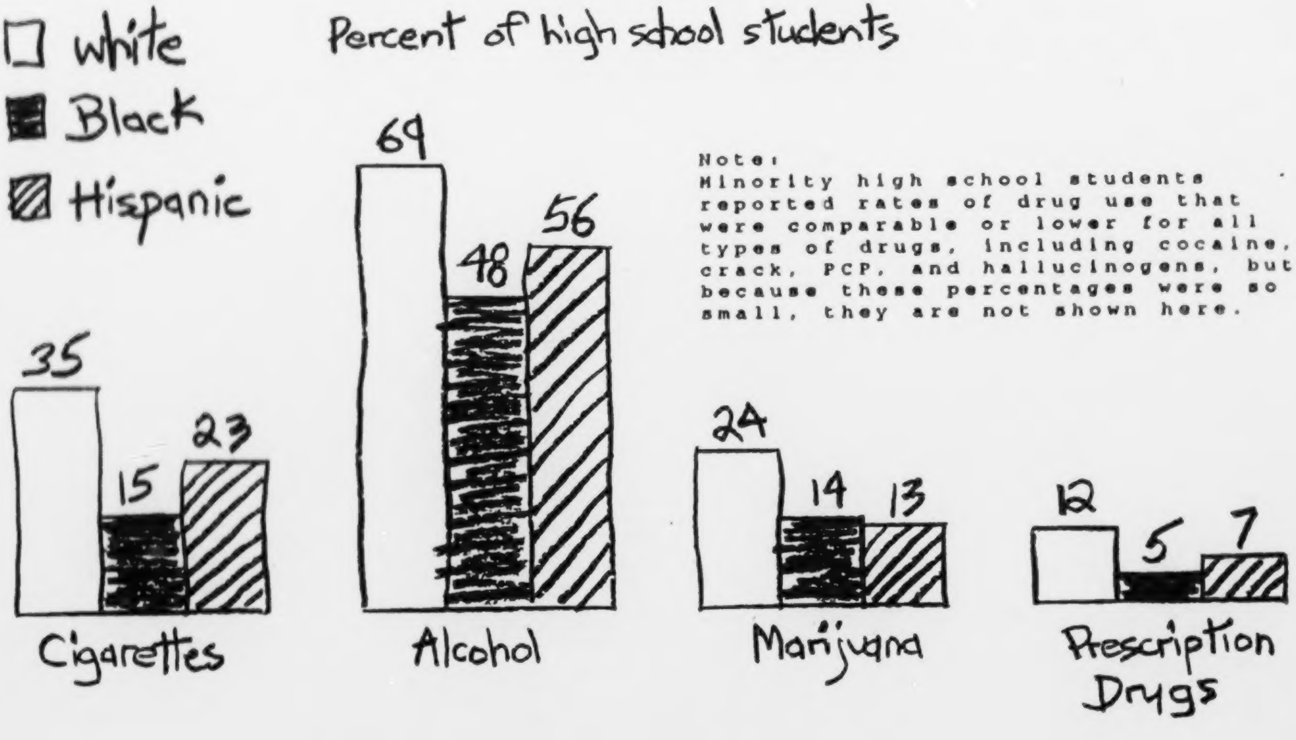
Using widely accepted national prevalence rates, approximately 90,000 young people under 18 (12%) in our state have mental health problems. Approximately one-third of these problems (affecting 3 to 5% of all children) are severe enough to substantially impair the child's functioning for more than a year. A study conducted by the Yale Child Study Center for the Connecticut Department of Children and Youth Services found that **39% of children living in cities were at risk for serious emotional and behavioral problems**, 1.5 times higher than that of children living in rural areas. Therefore, applying the national rate of 12% to Connecticut's population (most of whom reside in urban settings) may underestimate the number of children with mental health problems.

One in 8 children need mental health services; one-third of these children experience **serious** emotional disorders that impair their **ability** **to function** for more than a year.

Not all children who need help are able to get it. Community child guidance clinics served 14,879 children in 1991, yet their waiting lists can be up to four months long. In the Yale study, one-third of city parents did not know how to get help for their emotionally disturbed children. Because mental health coverage in private and publicly-funded insurance plans is often limited (if it is covered at all), the cost of mental health care is a serious barrier to children who need professional help.

Source: Connecticut Department of Children and Youth Services. *Children's Mental Health Plan 1992-93*

High School Substance Use in the Past Month by Ethnicity



Note:
Minority high school students reported rates of drug use that were comparable or lower for all types of drugs, including cocaine, crack, PCP, and hallucinogens, but because these percentages were so small, they are not shown here.

Source: Connecticut Department of Public Health and Addiction Services

The latest comprehensive survey of Connecticut students' drug use found that:

- **23% of Connecticut high school students are intoxicated weekly.**
- **54% of Connecticut high school students (more than 86,000 students) have traveled in a car with a drug- or alcohol-impaired driver in the last year.**
- **21% of Connecticut high school students smoke cigarettes regularly (six or more times per month).**
- **16% of Connecticut high school students drink alcohol regularly (six or more times per month).**
- **17% of Connecticut high school students were high or drunk in class during the last year.**
- **51% of Connecticut high school students have seen drugs sold in school during the last year.**
- **26% of Connecticut high school seniors have used marijuana in the last 30 days.**

Contrary to popular perception, high school students residing in smaller cities and towns report higher levels of substance use than their counterparts in large cities. Explanations for this include the higher dropout rate among youths in urban areas and the fact that minority students, who are concentrated in urban areas, reported lower rates of drug use statewide.* The pattern of substance use for students in grades 6-8 is more similar across community types, although children in rural areas reported the highest use of alcohol, cigarettes and prescription drugs.

Nearly one in four Connecticut high school students are intoxicated weekly.

*Note: High school students from minority groups reported lower or comparable rates of use in the month prior to the study for all types of substances, including the "harder" drugs, such as cocaine, that are not included on the chart.

Source: *Student Substance Abuse in Connecticut*, University of Connecticut Health Center, Alcohol Research Center, for the Connecticut Alcohol and Drug Abuse Commission (CADAC), 1990 and *Student Substance Abuse in Connecticut, Report No. 2: Characteristics of Users, Factors Related to Abuse and Implications for Action*, Alcohol Research Center, CADAC, 1991

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Connecticut's high school seniors **are involved** with drugs and alcohol at rates that are considerably above **national** levels.

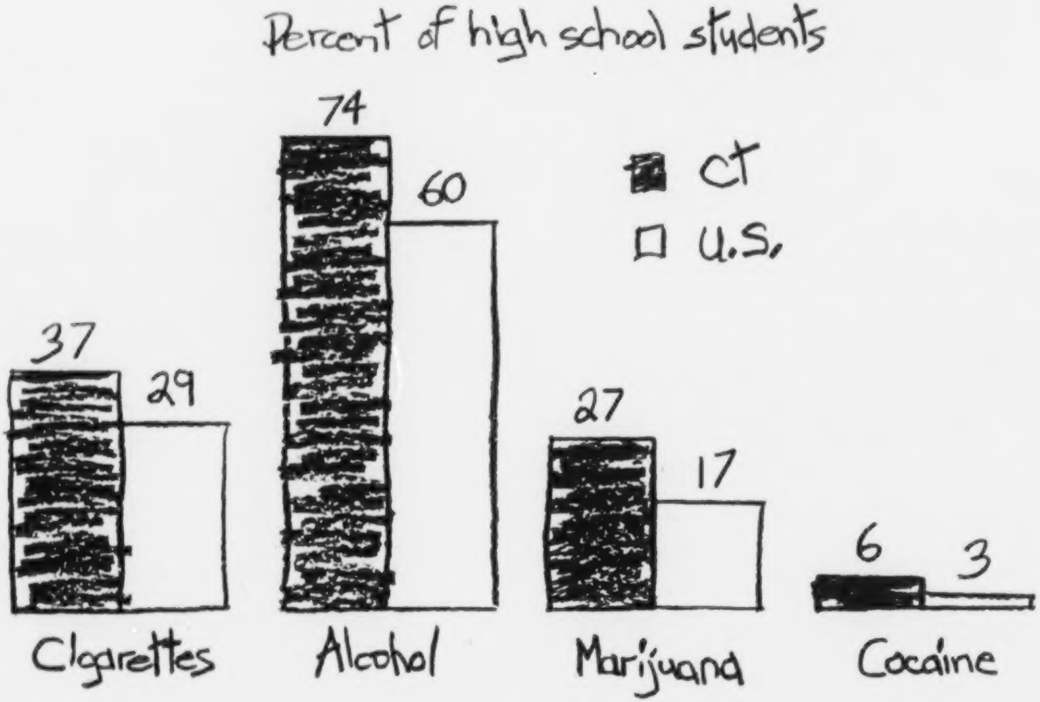
Connecticut seniors who reported that they had used drugs or alcohol generally started to do so at a young age. On average, they began to use inhalants and alcohol before other drugs, at approximately age 14. Marijuana use began at 14.5 years, followed by prescription drug abuse at 15.1 years, and cocaine at 15.7 years. Of those students surveyed, almost one in three in grades 6 to 8 (30%), and over half of those in grades 9 to 12 (59%), began using alcohol or illicit substances in the year prior to the study.

The state's high school seniors demonstrate a degree of involvement with illicit substances that is considerably above national rates. A comparison of the State's high school seniors with their national counterparts demonstrates that Connecticut 12th graders are significantly worse in terms of alcohol consumption (74% in Connecticut vs. 60% for the entire U.S.), cigarette smoking (37% vs. 29%), and marijuana use (27% vs. 17%). Cocaine use by Connecticut seniors is double that of the national rate (6% vs. 3%).*

*Note: These comparisons are for substance use in the 30 days prior to the survey.

Source: *Student Substance Abuse in Connecticut*, University of Connecticut Health Center, Alcohol Research Center, for the Connecticut Alcohol and Drug Abuse Commission (CADAC), 1990 and *Student Substance Abuse in Connecticut, Report No. 2: Characteristics of Users, Factors Related to Abuse and Implications for Action*, Alcohol Research Center, CADAC, 1991

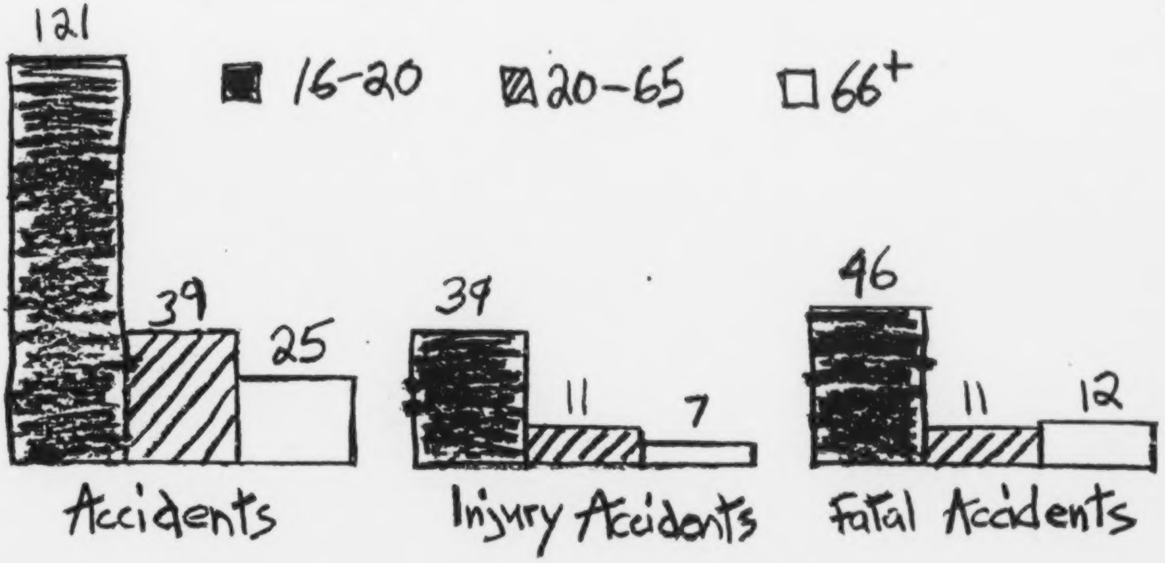
Reported Prior Month Drug Use



Source: Connecticut Department of Public Health and Addiction Services

Accident Rate by Age Group

Rate per 1,000 licensed drivers



Source: Connecticut Department of Transportation

Connecticut teens 16-20 were **responsible** for **62** fatal **car crashes** in 1990, almost one-fifth of all the **fatal** crashes **that year.**

According to the Connecticut Department of Transportation's most recent report, Connecticut teens ages 16 to 20 are three times more likely to cause a collision than a driver age 21 or older. In 1989, drivers older than 20 had 37 crashes per 1,000 licensed drivers, while people between 16 and 20 caused 121 crashes per 1,000 licensed drivers. **Connecticut teens ages 16 to 20 were responsible for 18% of the state's motor vehicle collisions in 1989 yet only made up 7% of all licensed drivers.** The rate is even more pronounced for our youngest drivers; 16-year-olds had a crash rate almost **six times** that of all drivers age 21 and older.

The collisions that teens are responsible for are also more likely to cause injuries or fatalities. Drivers ages 16 to 20 caused 46 fatal crashes per 100,000 licensed drivers in 1989, compared to 11 for drivers older than 20.

Almost half of the 62 fatal collisions (47%) caused by teens in 1990 involved alcohol.*

In 1992, nearly 400 teens were arrested for driving under the influence of alcohol (DUI). That's less than half the number arrested in 1990, and continues a five-year trend of declining arrests. The majority of teens arrested for DUI are age 19, but even children younger than 10 years of age have been caught.

*Note: The number of fatal crashes does not include those caused by pedestrians.

Source: Connecticut Department of Transportation, *Connecticut Traffic Accident Facts 1989*, and unpublished 1990 data; death statistics from Connecticut Department of Public Health and Addiction Services, *1990 Registration Report*; arrests data from Connecticut Department of Public Safety, *Crime in Connecticut, Annual Reports, 1988-1992*

In 1990, **63** young people **under age 20** died in car crashes, the **leading cause** of **death.**

8,053 children were referred to juvenile court for delinquency and status offenses during SFY 1989-90.

Delinquency jurisdiction includes children who, before their 16th birthday, violate or attempt to violate federal, state, or municipal laws or Superior Court orders.* There were 6,565 children involved in these referrals in SFY 1989-90. Whites made up 55% of these children; 74% were male. One-fifth of the delinquent acts charged to children are breach of peace, disorderly conduct, assault or reckless endangerment; another fifth are larceny.

Serious juvenile offenders are a subset of the total number of delinquency cases. These are defined by state statute by the seriousness of the crime, and include murder, arson, rape, kidnapping, armed robbery, and first and second degree assault. Thirteen percent of all juvenile offenders (845) were classified as serious juvenile offenders in SFY 1989-90; 89% were male.

"Families with service needs" include children who run away from home, are beyond the control of parents, habitually truant from school, violate school regulations, or engage in indecent or immoral behavior (status offenses). There were 1,488 children involved in these referrals in 1989-90, half of whom were female. Truancy continues to be the primary complaint (42% of referrals) followed closely by designation of being beyond parental control (35% of referrals). Runaways accounted for 22% of referrals.

More than two-thirds (68%) of all children served by the Department of Children and Youth Services in their delinquency program during SFY 1991-92 were from a single-parent household, signaling the need for additional support for these parents.

*Note: Youth ages 16 and 17 are treated as adults by the Connecticut court system and are not included in these numbers.

Source: Figures from Connecticut Judicial Department, Superior Court, Juvenile Matters, *Biennial Report 1988-1990*; definitions of offense jurisdictions from "Step by Step Through The Juvenile Justice System: A Handbook for Connecticut," written by The Hartford Institute of Criminal and Social Justice, 1988, and revised by the Family Division of the Judicial Department, 1992; single-parent household information from the Department of Children and Youth Services, *Statistical Summary*, May 1993.

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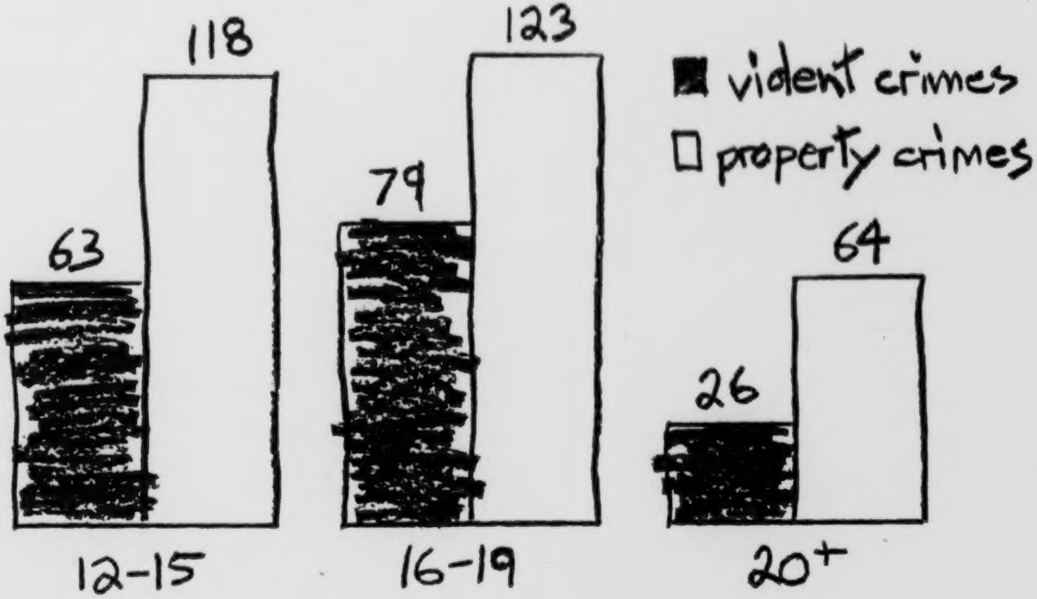
Crime Victimization by Age

Rate per 1,000 people in age group



Source: U.S. Department of Justice

> **Teenagers** are more than **twice** as likely to be victims of crimes than people age 20 or older.

The National Victimization Study shows that the difference is even more significant for violent crimes, for which teens ages 16-19 experienced 79 crimes per 1,000 people their age, compared to 26 crimes per 1,000 for those older than 19. For teens, boys are more likely to be victims than girls, and blacks are more likely to be victims than whites. Many of these crimes take place in school buildings or on school grounds. **For those ages 12-15, school was the most likely place to be a victim of a violent crime** (37%), with the street coming in second (25%). For older teens, with greater mobility, the range of places where violent crimes took place was more varied. Still, 26% of those crimes took place on the street and 17% in schools or on school grounds.

For some children, home is no haven from the violence that surrounds them in the outside world. In 1992, children were present or directly involved in 45% of the family violence incidents in Connecticut in which at least one person was arrested. These incidents, 2,316 of which involved children and 6,807 of which were witnessed by children, were not just verbal arguments. Rather there existed the likelihood that physical violence would occur.

Even children who are not direct victims of crime are still profoundly affected by it. **Exposure to violence affects children's development in a number of ways, including their emotional stability, their ability to function in school, and their sense of hope about the future.** These effects may be long lasting. And in urban areas, these problems are widespread; a 1992 survey of 6th, 8th and 10th grade students in New Haven found that **over 40% had witnessed violence in the past year.** In many cases, the children know and depend on both the perpetrators and the victims: they are their relatives, friends, or neighbors.

> **Almost half** of **New Haven** students surveyed had witnessed **violence** in the previous year.

Source: National Crime Victimization Study data from the U.S. Department of Justice, Bureau of Justice Statistics, *Sourcebook of Criminal Justice Statistics 1991*; family violence data from Connecticut Department of Public Safety, *Crime in Connecticut, 1992 Annual Report*; Grove, B.M., et al. "Silent Victims: Children Who Witness Violence." *Journal of the American Medical Association*, January 13, 1993; New Haven Public Schools, *New Haven Public Schools Social Development Project: 1991-92 Evaluation Report, (Report on the Social and Health Assessment)*, December 1992.

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Arrests of children under 18 make up one in seven arrests for violent crimes in Connecticut. More than 80% of children arrested are boys. Violent crimes are increasingly being committed by teenagers, although people ages 18 to 24 have the highest arrest rates. There were 2.5 arrests of children ages 10-15 for violent crimes for every 1,000 in that age group. The rate was almost four times higher for 16- and 17-year-olds (9.7 arrests per 1,000). In Connecticut's courts, youths ages 16 and 17 are treated as adults rather than juveniles.

> By the year 2003 more people will die from guns than car crashes in the U.S.

Only a relatively small percentage of youths are violent. The National Youth Study in 1992 found that **7% of youths were responsible for 79% of all the violent offenses by youths.** Overall, offenders are primarily white, but members of racial and ethnic minority groups are offenders in numbers disproportionate to their share of the population. Nationally, the rate of murder committed by boys ages 14-17 in 1991 was eight times higher for blacks than for whites.

Most homicides committed by youth are committed with a firearm, occur during an argument, and occur among people who know each other. Although teenage boys have always had fights, the consequences of the violence have become more extreme. Guns turn what might have been a fist fight thirty years ago into a homicide today. In 1992, 826 arrests of people under the age of 18 were made in Connecticut on weapons charges, mostly guns. This represents a 60% increase in the last ten years in the number of juvenile weapons arrests, while the number of teens, who make up the majority of these arrests, decreased 33% in the 1980s. According to the Connecticut Health Check, 44% of 12th grade boys indicated they had access to a gun in their homes.*

An important and increasingly frequent problem in Connecticut is gang violence. Socio-economic factors such as increased poverty, drugs, and access to weapons have contributed to the problem. In 1993, 14 of 34 homicides (41%) in Hartford were gang-related, compared to one of 14 (7%) in 1992.

*Note: Connecticut Health Check is an educational program offered by the Department of Public Health and Addiction Services which is conducted in self-selected schools throughout Connecticut and collects data from participants anonymously. This percentage is based on 432 male participants in the 12th grade.

Source: Centers for Disease Control, "Deaths Resulting from Firearm- and Motor-Vehicle-Realated Injuries — United States, 1968 - 1991," *Morbidity and Mortality Weekly Report*, Jan. 28, 1994. Connecticut Department of Public Safety, *Crime in Connecticut, 1992 Annual Report*. Connecticut Judicial Department, *Superior Court Juvenile Matters, Biennial Report, 1988-1990*. David A. Hamburg, *Today's Children*, 1993. National Youth Study data from GAO testimony of Gregory J. McDonald, Director of Human Services, Human Resources Division before the Senate Committee on Governmental Affairs, March 31, 1992. Connecticut Department of Public Health and Addiction Services, Connecticut Health Check, school year 1992-93; homicide rates from Hartford Gang Task Force.

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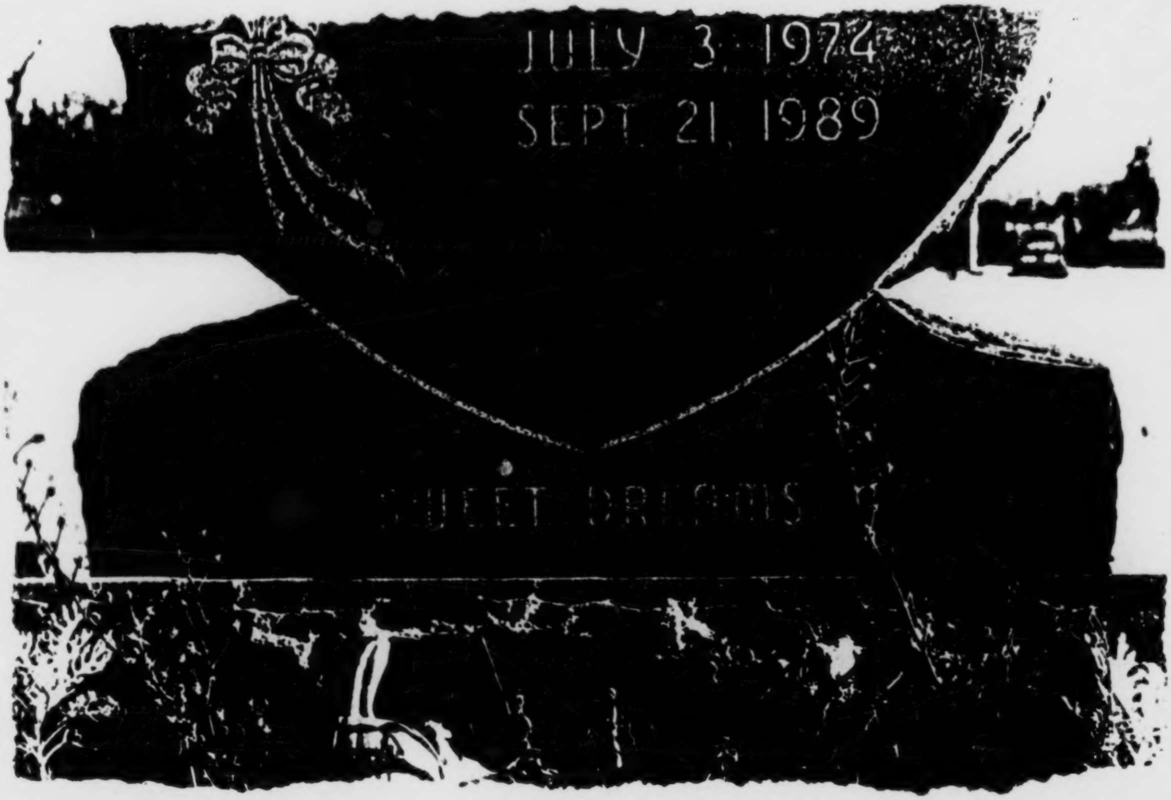
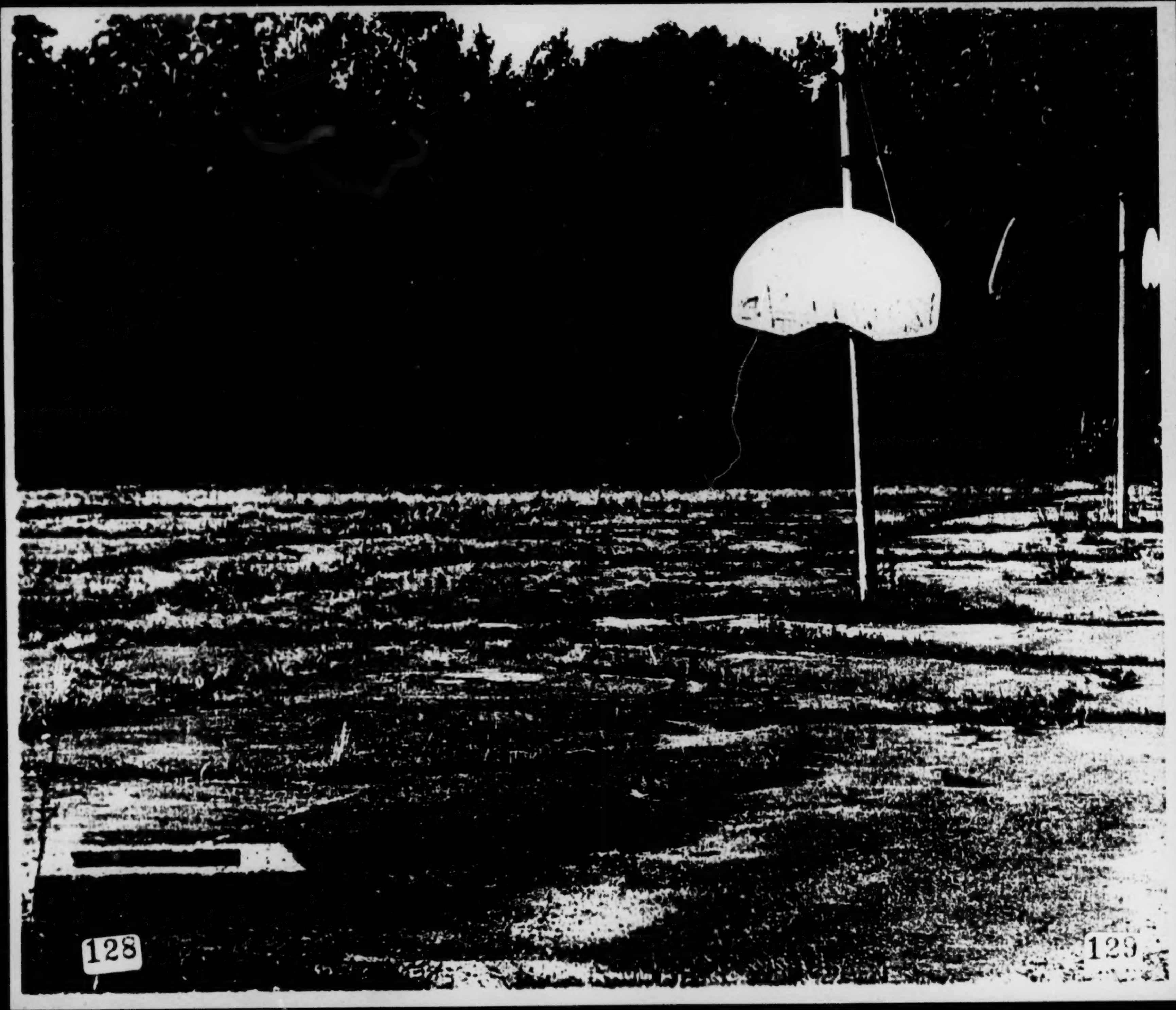

JULY 3, 1974
SEPT. 21, 1989
SWEET DREAMS


128
129

Homicide and suicide are the **second** and **third** leading causes of death for **15-19 year olds** in **our** state.

In 1990, 38 children and youths under the age of 20 were homicide victims. Sixteen of these youths lived in Bridgeport.

Twenty-one youths committed suicide in that year. Over one in 50 (2%) of Connecticut high school students who participated in the Connecticut Health Check* reported they had attempted suicide in the past year, and 8% reported that they often felt life was not worth living.

Young males are more likely to be victims of homicides than females. Girls are more likely to attempt suicide than boys, but boys are more likely to be successful.

*Note: Connecticut Health Check is an educational program offered by the Department of Public Health and Addiction Services which is conducted in self-selected schools throughout Connecticut and collects data from participants anonymously.

Source: Department of Public Health and Addiction Services, *1990 Registration Report*, and Connecticut Health Check, school year 1992-93

Part B

Part B Methodology

Selection of Indicators:

Many different indicators could have been used to measure the well-being of children. The compilation of these indicators was a function of 1) the results of a survey of members of the Children's Future Panel (a group of more than forty individuals who are advising this project), 2) the similarity between these measures and the national KIDS COUNT indicators, 3) how directly the indicator measured children's well-being, and 4) the availability of data. In our next annual data report, we intend to update the data included in this section, where possible, and we may include new indicators as they become available.

Number:

For each indicator, we include the number of "events" for a given time period (e.g. the number of high school students who dropped out during the 1991-92 school year).

Rate:

For nine of the eleven indicator tables, we include rates as well as numbers. A rate is a measure of the likelihood of an event, and is calculated by dividing the number of events by the number of persons that are "eligible" for that event. For example, the high school dropout rate is the number of students who dropped out in a given year divided by the number of students enrolled. A percentage is a rate per 100. Other rates included here are per 1,000 or 100,000. Rates can be used to compare between regions for a specific indicator. Rates were not calculated if the number of "events" was less than 5 for the years studied. The regions with rates worse than the state-wide rate are highlighted on each table.

Regions:

For the purposes of this report, we have divided Connecticut into 27 regions (towns or groups of towns) based on the public use microdata areas established by the Census Bureau. The use of regions allowed us to calculate rates where the population would have been too small at the town level. Each region has a population of more than 100,000, and no town is split between two regions. The five largest cities, Bridgeport, Hartford, New Haven, Stamford, and Waterbury, are regions unto themselves. The raw data for the tables were collected originally for each town, and then towns were grouped into regions. Regional school districts sometimes enrolled students from more than one of the regions used in this report; a list of the regions to which these school districts were assigned can be found on page 117.

Rounding:

In this section, rates are rounded to the nearest tenth. Because of this, they may not always add up to exactly one hundred percent. The percent change was calculated before rounding.

Source:

The source for the data analyzed for each table is listed on each page, as are any limitations of the data.

Contents

Town Index 114

Regional Map of Connecticut 115

Region Index 116 - 117

Tables: 118 -130

- Number of Children 118
- Racial/Ethnic Background 119
- Child Poverty 120
- Family Setting 121
- Low Birthweight 122
- Infant Mortality 123
- Births to Teen Mothers 124
- Child Death Rate 125
- Connecticut Mastery Test Results 126
- High School Dropout Rate 127
- Juvenile Violent Crime Arrests 128
- Teen Violent Deaths 129
- Child Abuse Referrals 130

Town Index

Andover	Capitol V
Ansonia	South Central I
Ashford	Northeast
Avon	Capitol II
Barkhamstead	Northwest
Beacon Falls	South Central I
Berlin	Central II
Bethany	South Central I
Bethel	Housatonic Valley
Bethlehem	Northwest
Bloomfield	Capitol II
Bolton	Capitol V
Bozrah	Southeast
Branford	South Central IV
Bridgeport	Bridgeport
Bridgewater	Northwest
Bristol	Central I
Brookfield	Housatonic Valley
Brooklyn	Northeast
Burlington	Central I
Canaan	Northwest
Canterbury	Northeast
Canton	Capitol II
Chaplin	Northeast
Cheshire	Naugatuck Valley
Chester	South Central V
Clinton	South Central V
Colchester	Southeast
Colebrook	Northwest
Columbia	Capitol V
Cornwall	Northwest
Coventry	Capitol V
Cromwell	South Central V
Danbury	Housatonic Valley
Darien	Southwest II
Deep River	South Central V
Derby	South Central I
Durham	South Central V
East Granby	Capitol III
East Haddam	South Central V
East Hampton	South Central V
East Hartford	Capitol I
East Haven	South Central IV
East Lyme	Southeast Shore
East Windsor	Capitol II
Eastford	Northeast
Easton	Southwest IV
Ellington	Capitol V
Enfield	Capitol III
Essex	South Central V
Fairfield	Southwest IV
Farmington	Capitol IV
Franklin	Southeast
Glastonbury	Capitol IV
Goshen	Northwest
Granby	Capitol III
Greenwich	Southwest I
Griswold	Southeast
Groton	Southeast Shore
Guilford	South Central IV
Haddam	South Central V
Hamden	South Central I
Hampton	Northeast
Hartford	Hartford
Hartland	Capitol III
Harwinton	Northwest
Hebron	Capitol V
Kent	Northwest
Killingly	Northeast
Killingworth	South Central V
Lebanon	Southeast
Ledyard	Southeast
Lisbon	Southeast
Litchfield	Northwest
Lyme	Southeast
Madison	South Central IV
Manchester	Capitol I
Mansfield	Capitol V
Marlborough	Capitol IV
Meriden	South Central III
Middlebury	Naugatuck Valley
Middlefield	South Central V
Middletown	South Central V
Milford	South Central II
Monroe	Southwest IV
Montville	Southeast
Morris	Northwest
Naugatuck	Naugatuck Valley
New Britain	Central II
New Canaan	Southwest I
New Fairfield	Housatonic Valley
New Hartford	Northwest
New Haven	New Haven
New London	Southeast Shore
New Milford	Northwest
Newington	Capitol IV
Newtown	Southwest IV
Norfolk	Northwest
North Branford	South Central IV
North Canaan	Northwest
North Haven	South Central I
North Stonington	Southeast
Norwalk	Southwest II
Norwich	Southeast
Old Lyme	Southeast
Old Saybrook	South Central V
Orange	South Central II
Oxford	Naugatuck Valley
Plainfield	Northeast
Plainville	Central II
Plymouth	Northwest
Pomfret	Northeast
Portland	South Central V
Preston	Southeast
Prospect	Naugatuck Valley
Putnam	Northeast
Redding	Southwest IV
Ridgefield	Housatonic Valley
Rocky Hill	Capitol IV
Roxbury	Northwest
Salem	Southeast
Salisbury	Northwest
Scotland	Northeast
Seymour	South Central I
Sharon	Northwest
Shelton	Southwest III
Sherman	Housatonic Valley
Simsbury	Capitol II
Somers	Capitol V
South Windsor	Capitol III
Southbury	Naugatuck Valley
Southington	Central I
Sprague	Southeast
Stafford	Capitol V
Stamford	Stamford
Sterling	Northeast
Stonington	Southeast Shore
Stratford	Southwest III
Suffield	Capitol III
Thomaston	Northwest
Thompson	Northeast
Tolland	Capitol V
Torrington	Northwest
Trumbull	Southwest III
Union	Capitol V
Vernon	Capitol V
Voluntown	Southeast
Wallingford	South Central III
Warren	Northwest
Washington	Northwest
Waterbury	Waterbury
Waterford	Southeast Shore
Watertown	Northwest
West Hartford	Capitol II
West Haven	South Central II
Westbrook	South Central V
Weston	Southwest I
Westport	Southwest II
Wethersfield	Capitol IV
Willington	Capitol V
Wilton	Southwest I
Winchester	Northwest
Windham	Northeast
Windsor	Capitol III
Windsor Locks	Capitol III
Wolcott	Naugatuck Valley
Woodbridge	South Central I
Woodbury	Northwest
Woodstock	Northeast

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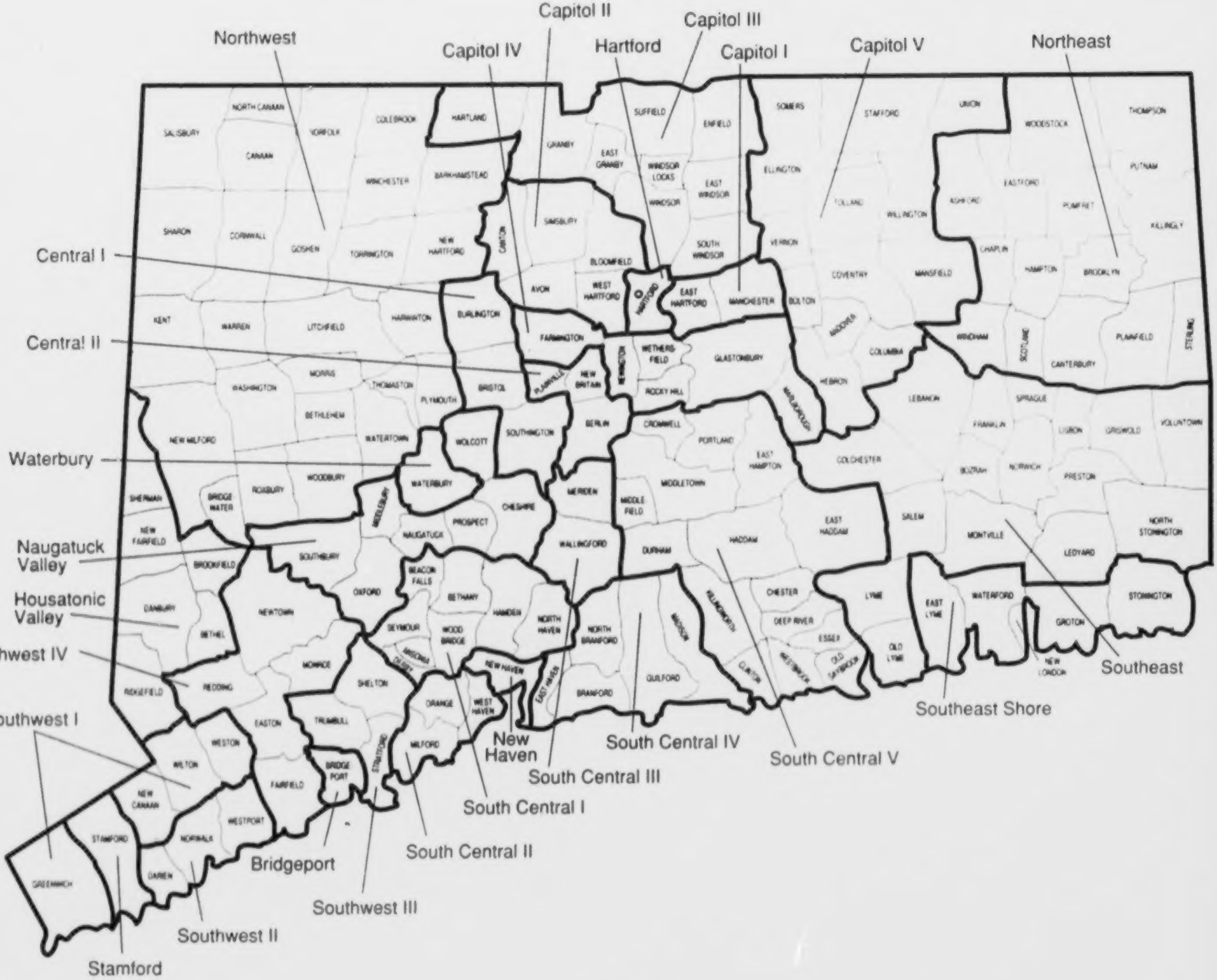
Northwest
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Northeast
Central I
Central II
Waterbury
Naugatuck Valley
Housatonic Valley
Southwest IV
Southwest I
Stamford
Southwest II
Bridgeport
Southwest III
South Central II
South Central I
New Haven
South Central III
South Central IV
South Central V
Southeast Shore
Southeast
SALISBURY
NORTH CANAAN
CANAAN
NORFOLK
COLEBROOK
HARTLAND
WINCHESTER
BARKHAMSTEAD
SHARON
CORNWALL
GOSHEN
TORRINGTON
NEW HARTFORD
KENT
WARREN
LITCHFIELD
HARWINTON
WASHINGTON
MORRIS
THOMASTON
PLYMOUTH
BETHLEHEM
WATERTOWN
NEW MILFORD
ROXBURY
WOODBURY
BRIDGE WATER
SHERMAN
NEW FAIRFIELD
BROOKFIELD
DANBURY
BETHEL
NEWTOWN
RIDGEFIELD
REDDING
EASTON
WESTON
WILTON
NEW CANAAN
STAMFORD
GREENWICH
DARIEN
NORWALK
WESTPORT
FAIRFIELD
BRIDGE PORT
TRUMBULL
MONROE
SHELTON
STRATFORD
MILFORD
ORANGE
WEST HAVEN
NEW HAVEN
EAST HAVEN
WOODBRIDGE
SEYMOUR
ANSONIA
DERBY
BEACON FALLS
OXFORD
SOUTHBURY
MIDDLEBURY
NAUGATUCK
WATERBURY
WOLCOTT
PROSPECT
BETHANY
HAMDEN
NORTH HAVEN
CHESHIRE
SOUTHINGTON
BRISTOL
BURLINGTON
CANTON
GRANBY
EAST GRANBY
SIMSBURY
AVON
FARMINGTON
PLAINVILLE
NEW BRITAIN
BERLIN
MERIDEN
WALLINGFORD
NORTH BRANFORD
BRANFORD
BLOOMFIELD
WEST HARTFORD
HARTFORD
EAST HARTFORD
MANCHESTER
NEWINGTON
WETHERSFIELD
ROCKY HILL
GLASTONBURY
CROMWELL
PORTLAND
MIDDLETOWN
MIDDLE FIELD
DURHAM
GUILFORD
MADISON
KILLINGWORTH
CLINTON
WESTBROOK
OLD SAYBROOK
ESSEX
DEEP RIVER
CHESTER
HADDAM
EAST HAMPTON
EAST HADDAM
SUFFIELD
WINDSOR LOCKS
WINDSOR
ENFIELD
EAST WINDSOR
SOUTH WINDSOR
SOMERS
STAFFORD
UNION
ELLINGTON
TOLLAND
WILLINGTON
VERNON
BOLTON
COVENTRY
MANSFIELD
ANDOVER
COLUMBIA
HEBRON
MARLBOROUGH
COLCHESTER
LEBANON
WOODSTOCK
THOMPSON
PUTNAM
EASTFORD
ASHFORD
POMFRET
KILLINGLY
CHAPLIN
HAMPTON
BROOKLYN
WINDHAM
SCOTLAND
CANTERBURY
PLAINFIELD
STERLING
SPRAGUE
FRANKLIN
LISBON
GRISWOLD
VOLUNTOWN
BOZRAH
NORWICH
PRESTON
SALEM
MONTVILLE
LEDYARD
NORTH STONINGTON
LYME
OLD LYME
EAST LYME
WATERFORD
NEW LONDON
GROTON
STONINGTON

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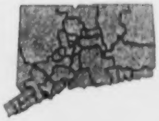
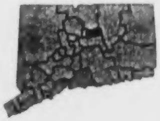
Region Index

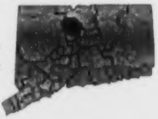
Bridgeport
Bridgeport



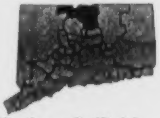
Capitol I
East Hartford and Manchester



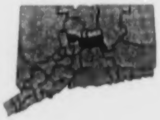
Capitol II
Avon, Bloomfield, Canton, Simsbury and West Hartford



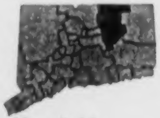
Capitol III
East Granby, East Windsor, Enfield, Granby, Hartland, South Windsor, Suffield, Windsor and Windsor Locks



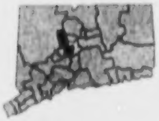
Capitol IV
Farmington, Glastonbury, Marlborough, Newington, Rocky Hill and Wethersfield



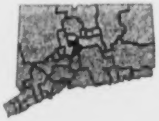
Capitol V
Andover, Bolton, Columbia, Coventry, Ellington, Hebron, Mansfield, Somers, Stafford, Tolland, Union, Vernon and Willington



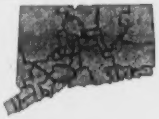
Central I
Bristol, Burlington and Southington



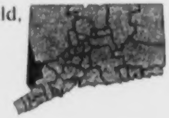
Central II
Berlin, New Britain and Plainville



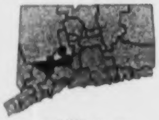
Hartford
Hartford



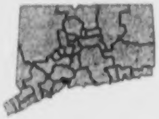
Housatonic Valley
Bethel, Brookfield, Danbury, New Fairfield, Ridgefield and Sherman



Naugatuck Valley
Cheshire, Middlebury, Naugatuck, Oxford, Prospect, Southbury and Wolcott

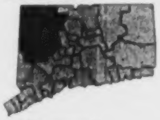


New Haven
New Haven

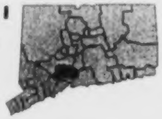


Northeast
Ashford, Brooklyn, Canterbury, Chaplin, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Windham and Woodstock

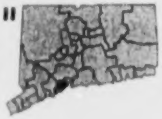
Northwest
Barkhamstead, Bethlehem, Bridgewater, Canaan, Colebrook, Cornwall, Goshen, Harwinton, Kent, Litchfield, Morris, New Hartford, New Milford, Norfolk, North Canaan, Plymouth, Roxbury, Salisbury, Sharon, Thomaston, Torrington, Warren, Washington, Watertown, Winchester and Woodbury



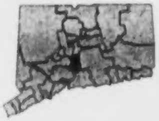
South Central I
Ansonia, Beacon Falls, Bethany, Derby, Hamden, North Haven, Seymour and Woodbridge



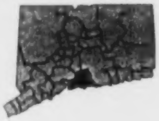
South Central II
Milford, Orange and West Haven



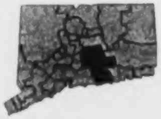
South Central III
Meriden and Wallingford



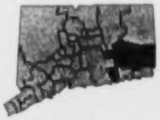
South Central IV
Branford, East Haven, Guilford, Madison and North Branford



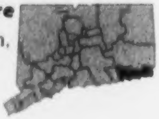
South Central V
Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Middlefield, Middletown, Old Saybrook, Portland and Westbrook



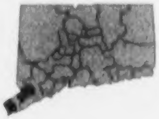
Southeast
Bozrah, Colchester, Franklin, Griswold, Lebanon, Ledyard, Lisbon, Lyme, Montville, North Stonington, Norwich, Old Lyme, Preston, Salem, Sprague and Voluntown



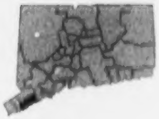
Southeast Shore
East Lyme, Groton, New London, Stonington and Waterford



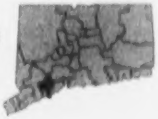
Southwest I
Greenwich, New Canaan, Weston and Wilton



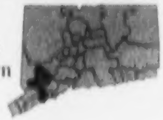
Southwest II
Darien, Norwalk and Westport



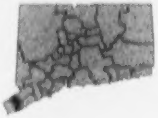
Southwest III
Shelton, Stratford and Trumbull



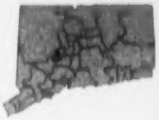
Southwest IV
Easton, Fairfield, Monroe, Newtown and Redding



Stamford
Stamford



Waterbury
Waterbury



School District Exceptions

Region	Students from Other Towns
Capitol V	Includes Ashford and Willington students who attend Region 19 and Marlborough students who attend Region 8
Central I	Includes Harwinton students who attend Region 10
Housatonic Valley	Includes Sherman students who attend Brookfield
Northeast	Includes Columbia and Willington students who attend Windham
Northwest	Includes Hartland students who attend Gilbert; Oxford students who attend Region 14; and Sherman students who attend New Milford
South Central I	Includes Oxford students who attend Seymour and Orange students who attend Region 5
Southeast	Includes Canterbury students who attend Norwich or Griswold
Southeast Shore	Includes Salem students who attend East Lyme

Region	Regional School Districts
Capitol V	Region 8
	Region 19
Central I	Region 10
Naugatuck Valley	Region 15
	Region 16
Northeast	Region 11
Northwest	Region 1
	Region 6
	Region 7
	Region 12
	Region 14
South Central I	Region 5
South Central V	Region 4
	Region 13
	Region 17
Southeast	Region 18
Southwest IV	Region 9

Region	Private/Public Schools
Northeast	Woodstock Academy
Northwest	Gilbert School
Southeast	Norwich Free Academy

Region	Vocational-Technical Schools
Bridgeport	Bullard-Havens
Capitol I	Howell Cheney
Central II	E.C. Goodwin
Hartford	A.I. Prince
Housatonic Valley	Henry Abbott
Northeast	H.H. Ellis
Northwest	Oliver Wolcott
South Central I	Eli Whitney Emmett O'Brien
South Central II	Platt
South Central III	H.C. Wilcox
South Central V	Vinal
Southeast	Norwich
Southeast Shore	E.T. Grasso
Stamford	J.M. Wright
Waterbury	W.F. Kaynor

Note: These exceptions affect the data concerning high school dropouts on page 127. For more information, see Part B Methodology, page 113.

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Number of Children and Percent of Total Population - 1970, 1980, 1990

	1970		1980		1990		1970-1990
REGION NAME	Number	Percent	Number	Percent	Number	Percent	% Change
Northwest	49,000	34.0	42,643	27.2	40,719	23.4	-31
Housatonic Valley	36,278	37.0	36,569	29.7	31,826	23.8	-36
Stamford	35,903	33.0	25,053	24.5	21,773	20.1	-39
Southwest I	33,619	34.2	26,469	26.2	22,217	22.0	-36
Southwest II	44,202	34.8	31,855	26.1	25,128	20.8	-40
Bridgeport	47,276	30.2	39,803	27.9	36,992	26.1	-14
Southwest III	37,107	34.3	30,038	26.2	25,325	21.7	-37
Southwest IV	33,441	34.9	27,687	27.4	23,864	22.7	-35
Waterbury	34,354	31.8	26,678	25.8	25,561	23.5	-26
Naugatuck Valley	28,288	35.8	26,693	28.1	26,146	24.1	-33
South Central I	43,417	32.6	32,162	24.0	28,721	20.9	-36
New Haven	39,246	28.5	31,863	25.3	30,936	23.7	-17
South Central II	39,641	33.8	29,247	24.9	25,131	21.5	-36
South Central III	31,878	34.8	25,140	26.6	23,517	23.4	-33
South Central IV	28,573	36.6	25,171	27.6	22,606	22.1	-39
South Central V	38,746	33.7	33,748	26.2	31,401	21.9	-35
Central I	33,346	36.8	28,188	28.2	24,524	23.1	-37
Central II	34,790	30.4	23,689	22.5	23,375	21.3	-30
Hartford	48,353	30.6	39,530	29.0	38,390	27.5	-10
Capitol I	34,245	32.4	24,779	24.2	20,992	20.6	-37
Capitol II	38,867	32.7	29,181	24.3	25,984	21.0	-36
Capitol III	51,183	40.2	36,453	28.3	33,495	23.1	-42
Capitol IV	34,267	33.6	27,992	24.4	25,583	20.4	-39
Capitol V	35,791	34.6	30,171	26.4	29,006	22.5	-35
Northeast	29,070	34.4	26,750	29.0	26,363	25.7	-25
Southeast	41,589	36.0	35,051	29.1	32,940	25.1	-30
Southeast Shore	38,532	33.6	30,316	25.7	27,066	21.8	-35
CONNECTICUT	1,021,002	33.7	822,919	26.5	749,581	22.8	-32

The number of children, defined as those younger than 18, decreased in every region across the state during the 1980s. Children accounted for 26.5% of the total population in 1980, but are now 22.8% of all people. The Capitol III region experienced the largest decrease in the percentage of its population that are children. The regions that saw the smallest decline in the past decade were Hartford, Bridgeport and New Haven. During this same time period, the total number of people in our state increased 5.8%.

Source U.S. Bureau of the Census

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Racial/Ethnic Background of Connecticut's Children - 1990

	WHITE		BLACK		ALL OTHER RACES		HISPANIC - ORIGIN	
REGION NAME	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Northwest	39,488	97.0	472	1.2	759	1.9	607	1.5
Housatonic Valley	28,674	90.1	1,289	4.1	1,863	5.9	1,759	5.5
Stamford	14,139	64.9	5,908	27.1	1,726	7.9	2,780	12.8
Southwest I	20,695	93.1	413	1.9	1,109	5.0	792	3.6
Southwest II	20,142	80.2	3,483	13.9	1,503	6.0	2,465	9.8
Bridgeport	16,643	45.0	12,617	34.1	7,732	20.9	14,134	38.2
Southwest III	23,043	91.0	1,468	5.8	814	3.2	1,016	4.0
Southwest IV	23,044	96.6	242	1.0	578	2.4	576	2.4
Waterbury	17,722	69.3	4,618	18.1	3,221	12.6	5,781	22.6
Naugatuck Valley	25,103	96.0	432	1.7	611	2.3	615	2.4
South Central I	25,771	89.7	2,017	7.0	933	3.2	846	2.9
New Haven	10,530	34.0	15,969	51.6	4,437	14.3	6,692	21.6
South Central II	22,046	87.7	2,236	8.9	849	3.4	973	3.9
South Central III	20,845	88.6	1,009	4.3	1,663	7.1	3,503	14.9
South Central IV	21,978	97.2	226	1.0	402	1.8	430	1.9
South Central V	28,520	90.8	1,998	6.4	883	2.8	1,078	3.4
Central I	23,431	95.5	538	2.2	555	2.3	795	3.2
Central II	17,914	76.6	1,946	8.3	3,515	15.0	5,217	22.3
Hartford	9,487	24.7	16,978	44.2	11,925	31.1	17,930	46.7
Capitol I	17,716	84.4	2,087	9.9	1,189	5.7	1,409	6.7
Capitol II	22,147	85.2	2,701	10.4	1,136	4.4	947	3.6
Capitol III	30,470	91.0	1,911	5.7	1,114	3.3	855	2.6
Capitol IV	24,236	94.7	457	1.8	890	3.5	697	2.7
Capitol V	27,684	95.4	479	1.7	843	2.9	612	2.1
Northeast	24,709	93.7	333	1.3	1,321	5.0	1,796	6.8
Southeast	30,820	93.6	1,115	3.4	1,005	3.1	931	2.8
Southeast Shore	22,607	83.5	2,581	9.5	1,878	6.9	2,105	7.8
CONNECTICUT	609,604	81.3	85,523	11.4	54,454	7.3	77,341	10.3

The percentage of children from racial or ethnic minority groups varies tremendously by region. The five largest cities have the highest percentages of minority children.

Connecticut's child population is becoming more racially and ethnically diverse. In 1990, almost one in four children (22.5%) in Connecticut were from minority groups, compared to almost one in five (17.6%) in 1980. The percentage of Connecticut children who are Asian or Pacific Islanders increased 186% in the 1980s, from 0.7% to 2.0% in 1990. The percentage of children of Hispanic origin increased 58% from 6.5% to 10.3% during this same period.

Note: This chart includes under "All Other Races" those who identified their race as "American Indian, Eskimo, or Aleut", "Asian or Pacific Islander", or "Other Race". People of Hispanic origin may be of any race. In the 1990 Census, 49.3% of people of Hispanic origin in Connecticut identified their race as "White", 6.3% as "Black", 0.3% as "American Indian, Eskimo, or Aleut", 0.7% as "Asian or Pacific Islander", and 43.4% as "Other Race".

Source: U.S. Bureau of the Census

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Children Living Below the Federal Poverty Level - 1979, 1989

	1979		1989		1979 - 1989
REGION NAME	**Number**	**Percent**	**Number**	**Percent**	**% Change**
Northwest	2,386	5.7	1,657	4.2	-27
Housatonic Valley	2,078	5.7	1,393	4.4	-22
Stamford	3,122	12.6	2,141	9.9	-21
Southwest I	603	2.3	560	2.5	10
Southwest II	2,399	7.6	1,495	6.1	-20
Bridgeport	**13,370**	**34.0**	**10,436**	**29.0**	**-15**
Southwest III	1,519	5.1	824	3.3	-36
Southwest IV	984	3.6	562	2.4	-34
Waterbury	**5,960**	**22.6**	**5,177**	**20.6**	**-9**
Naugatuck Valley	1,683	6.4	725	2.8	-56
South Central I	1,947	6.1	1,584	5.6	-8
New Haven	**11,001**	**35.3**	**9,927**	**33.8**	**-4**
South Central II	2,243	7.8	1,442	5.8	-25
South Central III	2,091	8.4	2,029	8.6	3
South Central IV	1,402	5.6	638	2.9	-49
South Central V	2,565	7.8	1,716	5.6	-28
Central I	1,695	6.1	1,040	4.3	-29
Central II	**3,361**	**14.4**	**4,189**	**18.3**	**27**
Hartford	**15,104**	**39.3**	**16,054**	**43.6**	**11**
Capitol I	1,784	7.3	1,333	6.5	-11
Capitol II	904	3.1	667	2.6	-17
Capitol III	1,660	4.6	758	2.3	-50
Capitol IV	1,079	3.9	588	2.3	-40
Capitol V	1,644	5.5	1,228	4.3	-22
Northeast	**2,964**	**11.4**	**2,953**	**11.4**	**1**
Southeast	3,563	10.4	3,012	9.4	-10
Southeast Shore	3,495	11.8	2,444	9.2	-22
CONNECTICUT	92,606	11.4	76,572	10.4	-9

The child poverty rate varies tremendously by region, from a low of 2.3% in Capitol III and IV, to a high of 43.6% in Hartford, nineteen times the rate for the lowest regions. Poverty rates also vary by the age of the child (younger children are more likely to be poor), the race/ethnicity of the child (minorities are more likely to be poor), and the family composition in which the child lives (children who live with only one parent are more likely to be poor).

This measure of poverty does not tell the whole story. The federal poverty level is the same throughout the nation ($12,674 for a family of four in 1989). It is not adjusted to account for the higher cost of living in states like Connecticut. Also, the most recent local data (the 1990 Census), measured child poverty based on 1989 income. Therefore, this data does not take into account the recent recession. State-wide data suggests that poverty has increased dramatically since 1989.

Note: This data is the number of related children under 18 who live in families with incomes below the U.S. poverty threshold, as defined by the U.S. Bureau of the Census. "Related children" include the family head's children by birth, marriage or adoption, as well as other persons under age 18 who are related to the family head. It does not include children living in other situations, such as in foster homes or institutions. The percentage is calculated based on the number of children for whom poverty level is established.

☐ = Regions worse than state-wide rate
Source: U.S. Bureau of the Census

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Family Setting of Connecticut's Children - 1990

	TWO-PARENT FAMILIES		SINGLE-PARENT FAMILIES		CHILDREN IN OTHER SITUATIONS	
REGION NAME	Number	Percent	Number	Percent	Number	Percent
Northwest	32,939	80.9	5,256	12.9	2,524	6.2
Housatonic Valley	26,103	82.0	3,915	12.3	1,808	5.7
Stamford	**14,789**	**67.9**	**4,719**	**21.7**	**2,265**	**10.4**
Southwest I	19,241	86.6	2,054	9.2	922	4.1
Southwest II	19,088	76.0	3,953	15.7	2,087	8.3
Bridgeport	**17,381**	**47.0**	**14,569**	**39.4**	**5,042**	**13.6**
Southwest III	20,705	81.8	2,867	11.3	1,753	6.9
Southwest IV	20,740	86.9	2,026	8.5	1,098	4.6
Waterbury	**15,208**	**59.5**	**8,022**	**31.4**	**2,331**	**9.1**
Naugatuck Valley	22,106	84.5	2,610	10.0	1,430	5.5
South Central I	22,814	79.4	4,042	14.1	1,865	6.5
New Haven	**11,951**	**38.6**	**14,359**	**46.4**	**4,626**	**15.0**
South Central II	18,957	75.4	4,259	16.9	1,915	7.6
South Central III	17,325	73.7	4,800	20.4	1,392	5.9
South Central IV	18,586	82.2	2,610	11.5	1,410	6.2
South Central V	24,233	77.2	4,704	15.0	2,464	7.8
Central I	19,676	80.2	3,581	14.6	1,267	5.2
Central II	**15,167**	**64.9**	**6,350**	**27.2**	**1,858**	**7.9**
Hartford	**11,638**	**30.3**	**21,463**	**55.9**	**5,289**	**13.8**
Capitol I	**14,858**	**70.8**	**4,650**	**22.2**	**1,484**	**7.1**
Capitol II	21,656	83.3	3,007	11.6	1,321	5.1
Capitol III	27,429	81.9	3,881	11.6	2,185	6.5
Capitol IV	21,550	84.2	2,911	11.4	1,122	4.4
Capitol V	23,784	82.0	3,731	12.9	1,491	5.1
Northeast	19,348	73.4	5,233	19.8	1,782	6.8
Southeast	25,569	77.6	5,263	16.0	2,108	6.4
Southeast Shore	20,353	75.2	4,867	18.0	1,846	6.8
CONNECTICUT	543,194	72.5	149,702	20.0	56,685	7.6

Fewer than three in four Connecticut children live in homes with two parents. The percent of children living with two parents varies greatly by region, from 30.3% in Hartford, to 86.9% in Southwest IV. Seven of the 27 regions had percentages of children living with two parents that were below the state-wide rate. Since 1970, the percentage of children living with only one parent has increased 82%.

Children living with one parent are much more likely to be poor than children living with two parents.

Note: "Children in Other Situations" includes children living with relatives other than their parents, with non-relatives, or in a group home or institution or are themselves the head of a household.

☐ = Regions worse than state-wide rate

Source: U.S. Bureau of the Censuc

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Low Birthweight Rate - 1983-85, 1988-90

(per 1,000 births)

	1983 - 1985 ANNUAL AVERAGE		1988 - 1990 ANNUAL AVERAGE		
REGION NAME	Number	Percent	Number	Percent	% Change
Northwest	102	51.8	131	55.7	8
Housatonic Valley	98	58.5	105	51.3	-12
Stamford	93	63.8	137	75.0	18
Southwest I	32	40.4	44	41.6	3
Southwest II	92	61.0	113	62.9	3
Bridgeport	251	92.7	290	96.5	4
Southwest III	74	59.2	78	55.5	-6
Southwest IV	50	46.1	60	49.2	7
Waterbury	122	74.7	173	85.0	14
Naugatuck Valley	62	54.9	69	49.3	-10
South Central I	84	53.3	99	55.2	4
New Haven	226	103.8	281	112.3	8
South Central II	88	57.8	93	58.2	1
South Central III	71	52.3	98	61.1	17
South Central IV	59	54.3	67	50.5	-7
South Central V	93	54.1	110	54.8	1
Central I	82	62.5	83	57.6	-8
Central II	104	72.6	123	74.5	3
Hartford	310	111.9	393	124.3	11
Capitol I	69	56.1	87	60.1	7
Capitol II	58	48.8	67	49.5	1
Capitol III	100	58.7	116	55.5	-5
Capitol IV	59	49.7	71	49.5	-1
Capitol V	89	55.5	88	50.2	-10
Northeast	92	68.0	95	62.8	-8
Southeast	105	55.1	114	56.5	3
Southeast Shore	105	55.7	117	57.7	4
CONNECTICUT	2,770	65.6	3,304	67.6	3

Overall, Connecticut's low birthweight rate showed a steady increase during the last part of the 1980s, but showed some improvement in the most recent year's data. The change in these rates varied by region (although less so than for infant mortality rates), from a rate increase of 18% in Stamford, to a 12% decline in the rate in the Housatonic Valley region. Nine of the 27 regions showed an improvement during this time period. Six regions (the five major cities and Central II) have low birthweight rates higher than the state-wide rate. All six also showed a worsening of their regional rates during this time period.

State-wide, the rate for minority babies is substantially higher than it is for white, non-Hispanic babies.

Note: The annual average figures used here are the total number of births or deaths in a region over a three year period divided by three.

☐ = Regions worse than state-wide rate

Source: Connecticut Department of Public Health and Addiction Services

Infant Mortality Rate - 1983-85, 1988-90

(per 1,000 live births)

REGION NAME	1983 - 1985 ANNUAL AVERAGE Deaths	Births	Rate	1988 - 1990 ANNUAL AVERAGE Deaths	Births	Rate	% Change
Northwest	15	1,985	7.6	12	2,361	4.9	-35
Housatonic Valley	9	1,681	5.6	11	2,072	5.5	-2
Stamford	15	1,480	10.1	17	1,875	9.1	-11
Southwest I	5	846	5.5	6	1,136	5.0	-10
Southwest II	14	1,550	9.0	13	1,866	7.1	-21
Bridgeport	39	2,715	14.5	40	3,016	13.2	-9
Southwest III	12	1,246	9.4	7	1,411	4.7	-50
Southwest IV	9	1,083	8.3	6	1,236	4.9	-42
Waterbury	17	1,634	10.6	20	2,039	10.0	-6
Naugatuck Valley	8	1,137	7.0	10	1,403	7.4	5
South Central I	14	1,584	8.6	11	1,797	5.9	-31
New Haven	39	2,185	18.0	38	2,509	15.3	-15
South Central II	14	1,532	8.9	12	1,607	7.5	-16
South Central III	10	1,365	7.3	14	1,606	8.5	16
South Central IV	5	1,094	4.6	7	1,335	5.5	20
South Central V	16	1,715	9.3	14	2,021	6.8	-28
Central I	10	1,317	7.6	12	1,436	8.1	7
Central II	15	1,431	10.7	14	1,655	8.5	-21
Hartford	52	2,772	18.6	50	3,168	15.8	-15
Capitol I	9	1,231	7.6	13	1,454	8.7	15
Capitol II	10	1,196	8.6	9	1,349	6.7	-23
Capitol III	17	1,699	9.8	16	2,095	7.6	-22
Capitol IV	7	1,181	6.2	13	1,436	8.8	42
Capitol V	13	1,598	7.9	10	1,753	5.7	-28
Northeast	16	1,359	12.0	11	1,510	7.5	-38
Southeast	18	1,899	9.5	14	2,027	7.1	-25
Southeast Shore	18	1,888	9.7	22	2,027	10.9	12
CONNECTICUT	427	42,403	10.1	421	49,200	8.6	-15

Overall, the infant mortality rate has improved in Connecticut since 1983. But this has not happened evenly throughout the state. Twenty of the 27 regions showed a decrease in the infant mortality rate, including the five major cities. Yet seven regions showed an increase in the infant mortality rate. The changes in this rate varied from a decrease of 50% in Southwest III, to a 42% increase in Capitol IV.

Statewide, the infant mortality rate for minority babies is substantially higher than it is for white, non-Hispanic babies.

Note: The annual average figures used here are the total number of births or deaths in a region over a three year period divided by three.

☐ = Regions worse than state-wide rate

Source: Connecticut Department of Public Health and Addiction Services

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Percent of All Births That Are to Teenage Mothers - 1983-85, 1988-90

REGION NAME	1983 - 1985 ANNUAL AVERAGE Number	Percent	1988 - 1990 ANNUAL AVERAGE Number	Percent	% Change
Northwest	126	6.3	119	5.0	-20
Housatonic Valley	91	5.4	93	4.5	-17
Stamford	130	8.8	134	7.2	-19
Southwest I	10	1.1	17	1.5	28
Southwest II	111	7.2	97	5.2	-28
Bridgeport	555	20.5	541	17.9	-12
Southwest III	64	5.1	57	4.0	-21
Southwest IV	29	2.7	19	1.5	-44
Waterbury	247	15.1	310	15.2	1
Naugatuck Valley	50	4.4	59	4.2	-4
South Central I	73	4.6	83	4.6	1
New Haven	404	18.5	438	17.5	-5
South Central II	106	6.9	95	5.9	-15
South Central III	131	9.6	133	8.3	-13
South Central IV	49	4.5	42	3.1	-31
South Central V	112	6.6	106	5.2	-20
Central I	81	6.2	93	6.5	5
Central II	159	11.1	185	11.2	1
Hartford	645	23.3	708	22.4	-4
Capitol I	77	6.3	97	6.7	7
Capitol II	37	3.1	41	3.0	-3
Capitol III	87	5.1	77	3.7	-28
Capitol IV	28	2.4	22	1.5	-36
Capitol V	96	6.0	85	4.9	-19
Northeast	161	11.8	157	10.4	-12
Southeast	188	9.9	163	8.1	-19
Southeast Shore	182	9.6	181	9.0	-7
CONNECTICUT	4,029	9.5	4,152	8.4	-11

The percentage of births that are to teen mothers has declined in Connecticut and in 21 of the 27 regions. This means that babies with teenage mothers make up a smaller proportion of the babies born during this time period.

However, one cannot interpret this data as representing an improvement in the teen pregnancy problem in our state. In fact, the total number of teen births increased during this time period, while the total number of teenage girls decreased. The teen birth rate, which compares teen births to the number of teenage girls, increased sharply in Connecticut between 1985 and 1990. Although the teen birth rate more directly measures the teen pregnancy problem, data was not available to present that rate at the regional level.

Seven regions had rates of births to teens that were higher than the state-wide rate. The rates vary a great deal between regions, from a low of 1.5% in Southwest I and IV, and Capitol IV, to a high of 22.4% in Hartford, fifteen times the rate in the lowest regions.

Note: The annual average figures used here are the total number of births to mothers age 19 or younger in a region over a three year period divided by three.

☐ = Regions worse than state-wide rate

Source: Connecticut Department of Public Health and Addiction Services

Child Death Rate - 1983-85, 1988-90

(per 100,000 children ages 1-14)

	1983 - 1985 ANNUAL AVERAGE		1988 - 1990 ANNUAL AVERAGE		
REGION NAME	Deaths	Rate	Deaths	Rate	% Change
Northwest	**8**	**24.9**	**8**	**24.7**	**-1**
Housatonic Valley	3	12.8	5	20.2	58
Stamford	2	9.5	3	17.6	86
Southwest I	3	14.8	4	21.4	45
Southwest II	6	26.7	3	17.1	-36
Bridgeport	11	37.0	12	40.6	10
Southwest III	1	**	5	25.2	**
Southwest IV	2	10.3	3	17.8	74
Waterbury	**7**	**36.3**	**9**	**42.8**	**18**
Naugatuck Valley	**3**	**14.8**	**5**	**24.3**	**65**
South Central I	**4**	**17.3**	**6**	**24.9**	**44**
New Haven	10	42.4	11	42.8	1
South Central II	6	29.0	3	13.5	-54
South Central III	4	19.6	3	14.2	-27
South Central IV	3	16.5	2	11.2	-32
South Central V	**4**	**14.8**	**7**	**28.5**	**92**
Central I	3	16.5	3	15.5	-6
Central II	3	16.7	3	17.9	8
Hartford	**8**	**25.4**	**9**	**30.4**	**20**
Capitol I	**4**	**25.1**	**4**	**24.4**	**-3**
Capitol II	3	16.2	5	23.1	43
Capitol III	4	15.1	5	20.1	33
Capitol IV	5	23.1	5	23.5	2
Capitol V	4	16.1	2	10.2	-37
Northeast	8	37.2	5	23.7	-36
Southeast	8	29.4	5	19.1	-35
Southeast Shore	3	12.1	7	30.7	154
CONNECTICUT	129	21.4	141	23.8	11

Across regions, the child death rate varies from a low of 10.2 in Capitol V to a high of 42.8 in New Haven and Waterbury. Eleven of the 27 regions were worse than the state-wide rate. During this time period, the child death rate increased in sixteen regions.

Forty percent of the deaths to children ages 1-14 are caused by injuries, both intentional and unintentional.

Note: The child death rate only measures deaths to children between the ages of 1 - 14. Children younger than the age of one are included in the infant mortality statistics. Violent deaths to teens ages 15-19 are also shown on a separate chart. The annual average numbers used here are the total number of deaths in a region over a three year period divided by three.

** Rates were not calculated if the total number of child deaths for the three-year period was less than five.

☐ = Regions worse than state-wide rate

Source: Connecticut Department of Children and Family Services

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Connecticut Mastery Test Results for Sixth Grade Students - 1992-93 School Year

	STUDENTS TESTED	AT OR ABOVE STATE GOAL ON ALL THREE TESTS		BELOW REMEDIAL STANDARD ON ANY ONE TEST	
REGION NAME	Number	Number	Percent	Number	Percent
Northwest	2,184	182	8.3	542	24.8
Housatonic Valley	1,434	127	8.9	393	27.4
Stamford	**818**	**30**	**3.7**	**401**	**49.0**
Southwest I	904	121	13.4	138	15.3
Southwest II	**1,092**	**85**	**7.8**	**387**	**35.4**
Bridgeport	**1,423**	**11**	**0.8**	**928**	**65.2**
Southwest III	1,249	116	9.3	253	20.3
Southwest IV	1,203	136	11.3	199	16.5
Waterbury	**904**	**21**	**2.3**	**501**	**55.4**
Naugatuck Valley	1,462	63	4.3	391	26.7
South Central I	1,227	52	4.2	276	22.5
New Haven	**1,191**	**7**	**0.6**	**841**	**70.6**
South Central II	1,087	61	5.6	290	26.7
South Central III	**1,014**	**49**	**4.8**	**376**	**37.1**
South Central IV	1,191	88	7.4	267	22.4
South Central V	1,563	72	4.6	405	25.9
Central I	1,009	70	6.9	255	25.3
Central II	**896**	**15**	**1.7**	**432**	**48.2**
Hartford	**1,737**	**10**	**0.6**	**1,313**	**75.6**
Capitol I	983	45	4.6	292	29.7
Capitol II	1,289	152	11.8	208	16.1
Capitol III	1,669	159	9.5	375	22.5
Capitol IV	1,374	146	10.6	222	16.2
Capitol V	1,460	124	8.5	303	20.8
Northeast	**1,345**	**59**	**4.4**	**509**	**37.8**
Southeast	1,649	103	6.2	441	26.7
Southeast Shore	**1,154**	**45**	**3.9**	**433**	**37.5**
CONNECTICUT	34,511	2,149	6.2	11,371	32.9

Connecticut tests students on their reading, writing, and mathematical skills in the 4th, 6th and 8th grades using the Connecticut Mastery Test. The State Department of Education has set two different standards by which they evaluate students' performance on these tests. The higher-level standard is the state goal; this is the level that ideally every student at that grade level should achieve. The lower-level measure is the remedial standard; a student performing below this level receives further diagnosis to determine if extra help is needed. This chart includes two related measures: the percentage of students that met the state goal on all three subject tests, and the percentage of students who were below the remedial standard on any one test.

Fourteen of the 27 regions were worse than the state-wide rate for the percent of students at or above the state goal on all three tests. The regions with the lowest percentages were Hartford and New Haven with 0.6%; the highest percentage was in Southwest I with 13.4% (22 times better than the worst regions).

Ten of the 27 regions were worse than the state-wide rate for the percent of students below remedial standard on any one test. The region with the highest rate was Hartford with 75.6%; the lowest was Southwest I with 15.3%.

Note: Two regional school districts had sixth grade students who cross the regional boundaries used in this analysis. These districts were assigned to the region in which most of their students live: Region 6 to Northwest, and Region 16 to Naugatuck Valley.

▨ = Regions worse than state-wide rate for the percentage of students below remedial standard

High School Dropout Rate - 1991-92 School Year

REGION NAME	DROPOUTS Number	ENROLLED Number	Percent
Northwest	291	6,884	4.2
Housatonic Valley	171	6,042	2.8
Stamford	58	3,541	1.6
Southwest I	80	4,081	2.0
Southwest II	**208**	**4,103**	**5.1**
Bridgeport	**430**	**4,608**	**9.3**
Southwest III	84	4,228	2.0
Southwest IV	70	4,167	1.7
Waterbury	**365**	**3,777**	**9.7**
Naugatuck Valley	78	3,970	2.0
South Central I	205	6,112	3.4
New Haven	**454**	**3,636**	**12.5**
South Central II	**228**	**3,962**	**5.8**
South Central III	**241**	**4,221**	**5.7**
South Central IV	80	3,941	2.0
South Central V	171	4,894	3.5
Central I	197	4,487	4.4
Central II	**282**	**3,583**	**7.9**
Hartford	**954**	**5,890**	**16.2**
Capitol I	162	3,923	4.1
Capitol II	93	4,985	1.9
Capitol III	195	5,736	3.4
Capitol IV	66	4,689	1.4
Capitol V	149	5,037	3.0
Northeast	211	4,971	4.2
Southeast	202	5,688	3.6
Southeast Shore	206	4,419	4.7
CONNECTICUT	5,931	125,575	4.7

High school dropout rates vary by region. Eight of the 27 regions had rates that were higher than the state-wide rate. Dropout rates also vary by race and ethnicity: one of seven Hispanic students, and one of eleven black students dropped out during the 1991-92 school year, compared to one of 32 white, non-Hispanic students.

Note: The State Department of Education categorizes students who leave high school but receive their GED (high school equivalency diploma) as dropouts.

The 1991-92 school year was the first in which the Department collected dropout rates for every district. In the future, local school districts will likely devote greater effort to determining the true status of students, especially those classified as "status unknown" who make up the largest portion of dropouts. As a result, they may report a decline in these rates in future years.

Many regional high schools enroll students from more than one region. For a complete list of which regional or vo-tech schools are in this category, and which region they were assigned to, please see page 117.

☐ = Regions worse than state-wide rate

Source: Connecticut Department of Education

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Juvenile Violent Crime Arrest Rate - 1991-92

(per 100,000 children ages 10-17)

REGION NAME	1991 Arrests	1992 Arrests	1991 - 1992 Average	ANNUAL AVERAGE Rate
Northwest	15	17	16	94.1
Housatonic Valley	**56**	**65**	**61**	**442.5**
Stamford	**77**	**61**	**69**	**799.8**
Southwest I	7	6	7	63.1
Southwest II	**18**	**124**	**71**	**681.3**
Bridgeport	**127**	**121**	**124**	**837.0**
Southwest III	24	31	28	247.9
Southwest IV	29	26	28	263.0
Waterbury	**56**	**40**	**48**	**472.6**
Naugatuck Valley	11	20	16	138.3
South Central I	45	21	33	276.7
New Haven	**262**	**205**	**234**	**1,944.2**
South Central II	21	15	18	172.4
South Central III	4	17	11	109.5
South Central IV	11	7	9	92.4
South Central V	29	32	31	232.6
Central I	11	16	14	130.1
Central II	**62**	**60**	**61**	**660.9**
Hartford	**201**	**158**	**180**	**1,145.5**
Capitol I	33	28	31	354.8
Capitol II	40	31	36	303.0
Capitol III	32	35	34	241.1
Capitol IV	43	22	33	292.9
Capitol V	16	31	24	196.0
Northeast	30	55	43	382.6
Southeast	**62**	**59**	**61**	**438.8**
Southeast Shore	**43**	**55**	**49**	**480.7**
CONNECTICUT	1,365	1,358	1,362	436.1

Violent crimes include murder, rape, robbery, and aggravated assault. The rate of arrests of young people for these crimes varies tremendously by region, from a low of 63.1 in Southwest I, to a high of 1,944.2 in New Haven.

Note: Because of the large difference in the number of arrests each year, both years' data are shown. The average annual rate is per 100,000 children ages 10-17, and is based on an average of 1991 and 1992 data.

The number of arrests of children for violent crimes includes arrests made by local police and those made by state police. Unfortunately, the data is not reported identically for these agencies. Approximately 85% of all juvenile arrests for violent crimes are made by local police, and this data is reported by the town in which the arrest was made. The 15% of arrests made by the state police are reported by the town in which the youth lives. State police arrests are important to include because many rural regions do not have municipal police departments, and the majority of the arrests in these regions are made by the state police. Therefore, one should exercise caution when using this data because the total number of juvenile arrests for each region includes data from these two sources. Despite these limitations, given the limited mobility of children ages 10-17, police experts believe that this data is still valid.

☐ = Regions worse than state-wide rate

Source: Connecticut Department of Public Safety

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Teen Violent Deaths - 1990

(ages 15-19)

	MOTOR VEHICLE CRASHES	SUICIDES	HOMICIDES	TOTAL
CONNECTICUT	63	21	38	122
Bridgeport	6	2	16	24
Hartford	1	0	7	8
New Haven	1	0	7	8
Stamford	2	0	1	3
Waterbury	8	1	2	11
Remaining Towns	45	18	5	68

One in five children (20.5%) live in the five largest cities listed here, yet these cities have 44.3% of the violent deaths to children ages 15-19. Teen violent deaths include homicides, suicides, and those caused by automobile crashes. Because of the small number of teen violent deaths in each region, we did not calculate a rate.

Source: Connecticut Department of Public Health and Addiction Services

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Child Abuse Referrals by Type of Abuse - SFY 1992

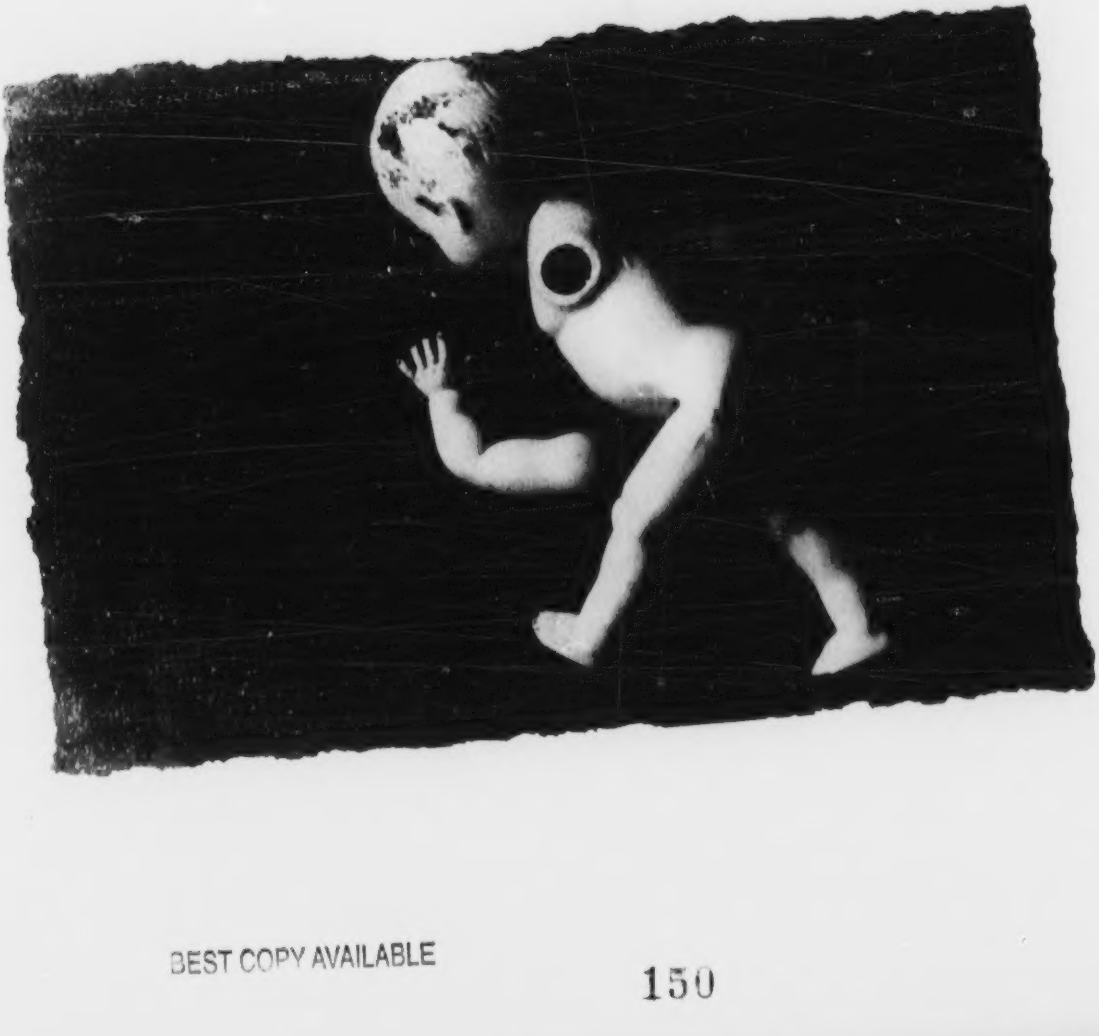
	CASES REFERRED TO DCF			
REGION NAME	Physical Abuse	Neglect	Sexual Abuse	Total
Northwest	146	119	66	331
Housatonic Valley	181	154	46	381
Stamford	112	135	34	281
Southwest I	29	10	21	60
Southwest II	70	127	19	216
Bridgeport	198	501	66	765
Southwest III	57	54	20	131
Southwest IV	40	33	14	87
Waterbury	167	177	22	366
Naugatuck Valley	83	47	8	138
South Central I	113	76	42	231
New Haven	243	326	70	639
South Central II	120	75	39	234
South Central III	160	116	50	326
South Central IV	85	47	18	150
South Central V	170	98	32	300
Central I	85	84	25	194
Central II	165	194	43	402
Hartford	589	616	179	1,384
Capitol I	160	147	58	365
Capitol II	71	45	18	134
Capitol III	163	94	73	330
Capitol IV	77	48	24	149
Capitol V	175	124	64	363
Northeast	251	245	96	592
Southeast	237	245	73	555
Southeast Shore	204	292	56	552
CONNECTICUT	4,151	4,229	1,276	9,656

Child abuse occurs in all socioeconomic groups and in all types of families. No town in Connecticut is left untouched. This chart shows the number of cases referred to the Connecticut Department of Children and Families (DCF), formerly the Department of Children and Youth Services. The number of children involved is approximately 1.5 times higher because many cases involve more than one child.

These figures represent referrals only; many referrals are not substantiated. On the other hand, because the majority of incidents of child abuse are never reported, Connecticut officials believe that the number of abused children is higher than the numbers shown here.

Note: These figures, because they are unsubstantiated cases, were not used to calculate a rate and therefore cannot be compared among regions. Children may be referred to the Department for reasons other than those shown here, including abandonment, delinquency, addiction, or children who are at risk of abuse or neglect.

Source: Connecticut Department of Children and Families



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Part C

Part C Methodology

Number:

For each indicator, we include the number of "events" for a given time period (e.g. the number of high school students who dropped out during the 1991-92 school year).

Rate:

A rate is a measure of the likelihood of an event, and is calculated by dividing the number of events by the number of persons that are "eligible" for that event. For example, the high school dropout rate is the number of students who dropped out in a given year divided by the number of students enrolled. A percentage is a rate per 100. Other rates included here are per 1,000 or 100,000. Two measures shown in Part B, teen violent deaths and child abuse, do not include rates and therefore cannot be compared from region to region. As a result, these measures are not included in Part C.

Regions:

For the purposes of this report, we have divided Connecticut into 27 regions (towns or groups of towns) based on the public use microdata areas established by the Census Bureau. The use of regions allowed us to calculate rates where the population would have been too small at the town level. Each region has a population of more than 100,000, and no town is split between two regions. The five largest cities, Bridgeport, Hartford, New Haven, Stamford, and Waterbury, are regions unto themselves. The raw data for the tables were collected originally for each town, and then towns were grouped into regions. Regional school districts sometimes enrolled students from more than one of the regions used in this report; a list of the regions to which these school districts were assigned can be found on page 117. Indexes to towns and regions and a map are located on pages 113-117.

Comparing Regions to One Another:

This report makes no attempt to combine indicators into an overall score for any region. Given the diversity of the indicators and their measurement, and the wide diversity of demographics across regions, we felt it best to view the indicators individually and form a more holistic view of how well children in each region were doing.

Race/Ethnicity:

We have reported race and ethnicity using the categories established for the 1990 U.S. Census and used by state agencies providing the data. People of Hispanic origin may be of any race.

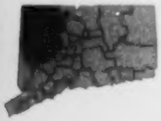
Source:

Please refer to the tables in Part B for more information concerning each indicator, such as its source or limitations of the data. Per capita income data is from the 1990 census; state-wide, per capita income was $20,189.

Contents

Northwest 134
Housatonic Valley 135
Stamford 136
Southwest I 137
Southwest II 138
Bridgeport 139
Southwest III 140
Southwest IV 141
Waterbury 142
Naugatuck Valley 143
South Central I 144
New Haven 145
South Central II 146
South Central III 147
South Central IV 148
South Central V 149
Central I 150
Central II 151
Hartford 152
Capitol I 153
Capitol II 154
Capitol III 155
Capitol IV 156
Capitol V 157
Northeast 158
Southeast 159
Southeast Shore 160

Northwest



Barkhamstead
Bethlehem
Bridgewater
Canaan
Colebrook
Cornwall
Goshen
Harwinton
Kent
Litchfield
Morris
New Hartford
New Milford
Norfolk
North Canaan
Plymouth
Roxbury
Salisbury
Sharon
Thomaston
Torrington
Warren
Washington
Watertown
Winchester
Woodbury

Total Number of Children	40,719
Percent of Total Population	23.4
Per Capita Income	$19,971

Children's Racial/Ethnic Background

White	97.0%
Black	1.2%
Other Races	1.9%
Hispanic (may be of any race)	1.5%

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	1,657	4.2		10.4	60%
Living With Two Parents percent of all children, 1990	32,939	80.9		72.5	12%
Low Birthweight per 1,000 births, avg. 1988-90	131	55.7		67.6	18%
Infant Mortality per 1,000 live births, avg. 1988-90	12	4.9		8.6	43%
Births To Teen Mothers percent of all births, avg. 1988-90	119	5.0		8.4	40%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	8	24.7	4%	23.8	
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	182	8.3		6.2	34%
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	542	24.8		32.9	25%
High School Dropouts percent of all students grades 9-12, 1992	291	4.2		4.7	11%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	16	94.1		436.1	78%

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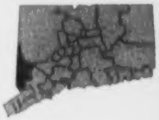
Housatonic Valley

Total Number of Children	31,826
Percent of Total Population	23.8
Per Capita Income	$22,919

Children's Racial/Ethnic Background

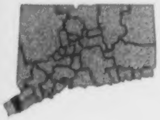
White	90.1%
Black	4.1%
Other Races	5.9%
Hispanic (may be of any race)	5.5%

Bethel
Brookfield
Danbury
New Fairfield
Ridgefield
Sherman



Indicator	Region No.	Region Rate	Worse Than State Rate (100% 75% 50% 25% 0)	State Rate	Better Than State Rate (0 25% 50% 75% 100%)
Child Poverty percent of all children, 1990	1,393	4.4		10.4	58%
Living With Two Parents percent of all children, 1990	26,103	82.0		72.5	13%
Low Birthweight per 1,000 births, avg. 1988-90	105	51.3		67.6	24%
Infant Mortality per 1,000 live births, avg. 1988-90	11	5.5		8.6	36%
Births To Teen Mothers percent of all births, avg. 1988-90	93	4.5		8.4	46%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	5	20.2		23.8	15%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	127	8.9		6.2	44%
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	393	27.4		32.9	17%
High School Dropouts percent of all students grades 9-12, 1992	171	2.8		4.7	40%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	61	442.5	1%	436.1	

Stamford



Stamford

Total Number of Children	21,773
Percent of Total Population	20.1
Per Capita Income	$27,092

Children's Racial/Ethnic Background

White	64.9%
Black	27.1%
Other Races	7.9%
Hispanic (may be of any race)	12.8%

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	2,141	9.9		10.4	5%
Living With Two Parents percent of all children, 1990	14,789	67.9	6%	72.5	
Low Birthweight per 1,000 births, avg. 1988-90	137	75.0	11%	67.6	
Infant Mortality per 1,000 live births, avg. 1988-90	17	9.1	6%	8.6	
Births To Teen Mothers percent of all births, avg. 1988-90	134	7.2		8.4	14%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	3	17.6		23.8	26%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	30	3.7	40%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	401	49.0	49%	32.9	
High School Dropouts percent of all students grades 9-12, 1992	58	1.6		4.7	66%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	69	799.8	83%	436.1	

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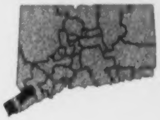
Southwest I

Total Number of Children	22,217
Percent of Total Population	22.0
Per Capita Income	$46,670

Children's Racial/Ethnic Background

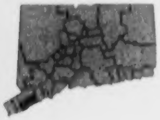
White	93.1%
Black	1.9%
Other Races	5.0%
Hispanic (may be of any race)	3.6%

Greenwich
New Canaan
Weston
Wilton



Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
			100% 75% 50% 25% 0		0 25% 50% 75% 100%
Child Poverty percent of all children, 1990	560	2.5		10.4	76%
Living With Two Parents percent of all children, 1990	19,241	86.6		72.8	19%
Low Birthweight per 1,000 births, avg. 1988-90	44	41.6		67.6	38%
Infant Mortality per 1,000 live births, avg. 1988-90	6	5.0		8.6	42%
Births To Teen Mothers percent of all births, avg. 1988-90	17	1.5		8.4	82%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	4	21.4		23.8	10%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	121	13.4		6.2	116%
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	138	15.3		32.9	53%
High School Dropouts percent of all students grades 9-12, 1992	80	2.0		4.7	57%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	7	63.1		436.1	86%

Southwest II



Darien
Norwalk
Westport

Total Number of Children	25,128
Percent of Total Population	20.8
Per Capita Income	$31,966

Children's Racial/Ethnic Background

White	80.2%
Black	13.9%
Other Races	6.0%
Hispanic (may be of any race)	9.8%

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	1,495	6.1		10.4	41%
Living With Two Parents percent of all children, 1990	19,088	76.0		72.5	5%
Low Birthweight per 1,000 births, avg. 1988-90	113	62.9		67.6	7%
Infant Mortality per 1,000 live births, avg. 1988-90	13	7.1		8.6	17%
Births To Teen Mothers percent of all births, avg. 1988-90	97	5.2		8.4	38%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	3	17.1		23.8	28%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	85	7.8		6.2	26%
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	387	35.4	8%	32.9	
High School Dropouts percent of all students grades 9-12, 1992	208	5.1	9%	4.7	
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	71	681.3	56%	436.1	

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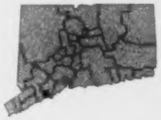
Bridgeport

Total Number of Children 36,992
Percent of Total Population 26.1
Per Capita Income $13,156

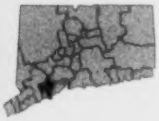
Children's Racial/Ethnic Background
White 45.0%
Black 34.1%
Other Races 20.9%
Hispanic (may be of any race) 38.2%



Bridgeport

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	10,436	29.0	179%	10.4	
Living With Two Parents percent of all children, 1990	17,381	47.0	35%	72.5	
Low Birthweight per 1,000 births, avg. 1988-90	290	96.5	43%	67.6	
Infant Mortality per 1,000 live births, avg. 1988-90	40	13.2	53%	8.6	
Births To Teen Mothers percent of all births, avg. 1988-90	541	17.9	113%	8.4	
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	12	40.6	71%	23.8	
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	11	0.8	87%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	928	65.2	98%	32.9	
High School Dropouts percent of all students grades 9-12, 1992	430	9.3	98%	4.7	
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	124	837.0	92%	436.1	

Southwest III



Shelton
Stratford
Trumbull

Total Number of Children	25,325
Percent of Total Population	21.7
Per Capita Income	$20,855

Children's Racial/Ethnic Background

White	91.0%
Black	5.8%
Other Races	3.2%
Hispanic (may be of any race)	4.0%

Indicator	Region No.	Region Rate	Worse Than State Rate (100% 75% 50% 25% 0)	State Rate	Better Than State Rate (0 25% 50% 75% 100%)
Child Poverty percent of all children, 1990	824	3.3		10.4	68%
Living With Two Parents percent of all children, 1990	20,705	81.8		72.5	13%
Low Birthweight per 1,000 births, avg. 1988-90	78	55.5		67.6	18%
Infant Mortality per 1,000 live births, avg. 1988-90	7	4.7		8.6	45%
Births To Teen Mothers percent of all births, avg. 1988-90	57	4.0		8.4	52%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	5	25.2	6%	23.8	
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	116	9.3		6.2	50%
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	253	20.3		32.9	38%
High School Dropouts percent of all students grades 9-12, 1992	84	2.0		4.7	57%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	28	247.9		436.1	43%

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Southwest IV

Total Number of Children 23,864
Percent of Total Population 22.7
Per Capita Income.......................................$26,388

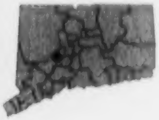
Easton
Fairfield
Monroe
Newtown
Redding

Children's Racial/Ethnic Background

White	96.6%
Black	1.0%
Other Races	2.4%
Hispanic (may be of any race)	2.4%

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	562	2.4		10.4	77%
Living With Two Parents percent of all children, 1990	20,740	86.9		72.5	20%
Low Birthweight per 1,000 births, avg. 1988-90	60	49.2		67.6	27%
Infant Mortality per 1,000 live births, avg. 1988-90	6	4.9		8.5	43%
Births To Teen Mothers percent of all births, avg. 1988-90	19	1.5		8.4	82%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	3	17.8		23.8	25%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	136	11.3		6.2	82%
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	199	16.5		32.9	50%
High School Dropouts percent of all students grades 9-12, 1992	70	1.7		4.7	64%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	28	263.0		436.1	40%

Waterbury



Waterbury

Total Number of Children	25,561
Percent of Total Population	23.5
Per Capita Income	$14,209

Children's Racial/Ethnic Background

White	69.3%
Black	18.1%
Other Races	12.6%
Hispanic (may be of any race)	22.6%

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	5,177	20.6	98%	10.4	
Living With Two Parents percent of all children, 1990	15,208	59.5	18%	72.5	
Low Birthweight per 1,000 births, avg. 1988-90	173	85.0	26%	67.4	
Infant Mortality per 1,000 live births, avg. 1988-90	20	10.0	16%	8.6	
Births To Teen Mothers percent of all births, avg. 1988-90	310	15.2	81%	8.4	
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	9	42.8	80%	23.8	
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	21	2.3	63%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	501	55.4	68%	32.9	
High School Dropouts percent of all students grades 9-12, 1992	365	9.7	106%	4.7	
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	48	472.6	8%	436.1	

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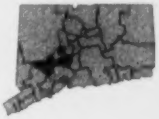
Naugatuck Valley

Total Number of Children 26,146
Percent of Total Population 24.1
Per Capita Income......................................$20,010

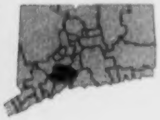
Children's Racial/Ethnic Background
White 96.0%
Black 1.7%
Other Races 2.3%
Hispanic (may be of any race) 2.4%

Cheshire	Prospect
Middlebury	Southbury
Naugatuck	Wolcott
Oxford	



Indicator	Region No.	Region Rate	Worse Than State Rate (100% 75% 50% 25% 0)	State Rate	Better Than State Rate (0 25% 50% 75% 100%)
Child Poverty percent of all children, 1990	725	2.8		10.4	73%
Living With Two Parents percent of all children, 1990	22,106	84.5		72.5	17%
Low Birthweight per 1,000 births, avg. 1988-90	69	49.3		67.6	27%
Infant Mortality per 1,000 live births, avg. 1988-90	10	7.4		8.6	14%
Births To Teen Mothers percent of all births, avg. 1988-90	59	4.2		8.4	50%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	5	24.3	2%	23.8	
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	63	4.3	31%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	391	26.7		32.9	19%
High School Dropouts percent of all students grades 9-12, 1992	78	2.0		4.7	57%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	16	138.3		436.1	68%

South Central I



Ansonia
Beacon Falls
Bethany
Derby
Hamden
North Haven
Seymour
Woodbridge

Total Number of Children	28,721
Percent of Total Population	20.9
Per Capita Income	$19,855

Children's Racial/Ethnic Background

White	89.7%
Black	7.0%
Other Races	3.2%
Hispanic (may be of any race)	2.9%

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	1,584	5.6		10.4	46%
Living With Two Parents percent of all children, 1990	22,814	79.4		72.5	10%
Low Birthweight per 1,000 births, avg. 1988-90	99	55.2		67.6	18%
Infant Mortality per 1,000 live births, avg. 1988-90	11	5.9		8.6	31%
Births To Teen Mothers percent of all births, avg. 1988-90	83	4.6		8.4	45%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	6	24.9	5%	23.8	
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	52	4.2	32%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	276	22.5		32.9	32%
High School Dropouts percent of all students grades 9-12, 1992	205	3.4		4.7	28%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	33	276.7		436.1	37%

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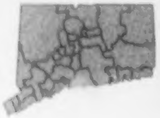
New Haven

Total Number of Children	30,936
Percent of Total Population	23.7
Per Capita Income	$12,968

Children's Racial/Ethnic Background

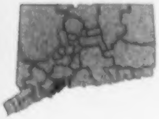
White	34.0%
Black	51.6%
Other Races	14.3%
Hispanic (may be of any race)	21.6%



New Haven

Indicator	Region		Worse Than State Rate	State Rate	Better Than State Rate
	No.	Rate	100% 75% 50% 25% 0		0 25% 50% 75% 100%
Child Poverty percent of all children, 1990	9,927	33.8	225%	10.4	
Living With Two Parents percent of all children, 1990	11,951	38.6	47%	72.5	
Low Birthweight per 1,000 births, avg. 1988-90	281	112.3	66%	67.6	
Infant Mortality per 1,000 live births, avg. 1988-90	38	15.3	78%	8.6	
Births To Teen Mothers percent of all births, avg. 1988-90	438	17.5	108%	8.4	
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	11	42.8	80%	23.8	
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	7	0.6	90%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	841	70.6	115%	32.9	
High School Dropouts percent of all students grades 9-12, 1992	454	12.5	166%	4.7	
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	234	1,944.2	346%	436.1	

South Central II



Milford
Orange

West Haven

Total Number of Children	25,131
Percent of Total Population	21.5
Per Capita Income	$18,430

Children's Racial/Ethnic Background

White	87.7%
Black	8.9%
Other Races	3.4%
Hispanic (may be of any race)	3.9%

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	1,442	5.8		10.4	44%
Living With Two Parents percent of all children, 1990	18,957	75.4		72.5	4%
Low Birthweight per 1,000 births, avg. 1988-90	93	58.2		67.6	14%
Infant Mortality per 1,000 live births, avg. 1988-90	12	7.5		8.6	13%
Births To Teen Mothers percent of all births, avg. 1988-90	95	5.9		8.4	30%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	3	13.5		23.8	43%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	61	5.6	10%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	290	26.7		32.9	19%
High School Dropouts percent of all students grades 9-12, 1992	228	5.8	23%	4.7	
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	18	172.4		436.1	60%

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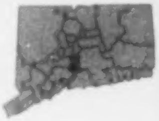
South Central III

Total Number of Children 23,517
Percent of Total Population 23.4
Per Capita Income..$16,684

Meriden

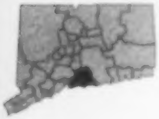
Wallingford



Children's Racial/Ethnic Background
White 88.6%
Black 4.3%
Other Races 7.1%
Hispanic (may be of any race) 14.9%

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	2,029	8.6		10.4	17%
Living With Two Parents percent of all children, 1990	17,325	73.7		72.5	2%
Low Birthweight per 1,000 births, avg. 1988-90	98	61.1		67.6	10%
Infant Mortality per 1,000 live births, avg. 1988-90	14	8.5		8.6	1%
Births To Teen Mothers percent of all births, avg. 1988-90	133	8.3		8.4	1%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	3	14.2		23.8	40%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	49	4.8	23%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	376	37.1	13%	32.9	
High School Dropouts percent of all students grades 9-12, 1992	241	5.7	21%	4.7	
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	11	109.5		436.1	75%

South Central IV



Branford
East Haven
Guilford
Madison
North Branford

Total Number of Children	22,606
Percent of Total Population	22.1
Per Capita Income	$22,021

Children's Racial/Ethnic Background

White	97.2%
Black	1.0%
Other Races	1.8%
Hispanic (may be of any race)	1.9%

Indicator	Region No.	Region Rate	Worse Than State Rate (100% · 75% · 50% · 25% · 0)	State Rate	Better Than State Rate (0 · 25% · 50% · 75% · 100%)
Child Poverty percent of all children, 1990	638	2.9		10.4	72%
Living With Two Parents percent of all children, 1990	18,586	82.2		72.5	13%
Low Birthweight per 1,000 births, avg. 1988-90	67	50.5		67.6	25%
Infant Mortality per 1,000 live births, avg. 1988-90	7	5.5		8.6	36%
Births To Teen Mothers percent of all births, avg. 1988-90	42	3.1		8.4	63%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	2	11.2		23.8	53%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	88	7.4		6.2	19%
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	267	22.4		32.9	32%
High School Dropouts percent of all students grades 9-12, 1992	80	2.0		4.7	57%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	9	92.4		436.1	79%

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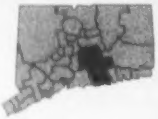
South Central V

Total Number of Children	31,401
Percent of Total Population	21.9
Per Capita Income	$19,660

Children's Racial/Ethnic Background

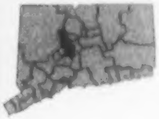
White	90.8%
Black	6.4%
Other Races	2.8%
Hispanic (may be of any race)	3.4%

Chester
Clinton
Cromwell
Deep River
Durham
East Haddam
East Hampton
Essex
Haddam
Killingworth
Middlefield
Middletown
Old Saybrook
Portland
Westbrook



Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
			100% 75% 50% 25% 0		0 25% 50% 75% 100%
Child Poverty percent of all children, 1990	1,716	5.6		10.4	46%
Living With Two Parents percent of all children, 1990	24,233	77.2		72.5	6%
Low Birthweight per 1,000 births, avg. 1988-90	110	54.8		67.6	19%
Infant Mortality per 1,000 live births, avg. 1988-90	14	6.8		8.6	21%
Births To Teen Mothers percent of all births, avg. 1988-90	106	5.2		8.4	38%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	7	28.5	20%	23.8	
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	72	4.6	26%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	405	25.9		32.9	21%
High School Dropouts percent of all students grades 9-12, 1992	171	3.5		4.7	26%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	31	232.6		436.1	47%

Central I



Bristol
Burlington

Southington

Total Number of Children	24,524
Percent of Total Population	23.1
Per Capita Income	$18,747

Children's Racial/Ethnic Background

White	95.5%
Black	2.2%
Other Races	2.3%
Hispanic (may be of any race)	3.2%

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	1,040	4.3		10.4	59%
Living With Two Parents percent of all children, 1990	19,676	80.2		72.5	11%
Low Birthweight per 1,000 births, avg. 1988-90	83	57.6		67.6	15%
Infant Mortality per 1,000 live births, avg. 1988-90	12	8.1		8.6	6%
Births To Teen Mothers percent of all births, avg. 1988-90	93	6.5		8.4	23%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	3	15.5		23.8	35%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	70	6.9		6.2	11%
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	255	25.3		32.9	23%
High School Dropouts percent of all students grades 9-12, 1992	197	4.4		4.7	6%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	14	130.1		436.1	70%

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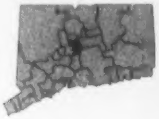
Central II

Total Number of Children 23,375
Percent of Total Population 21.3
Per Capita Income......................................$15,916

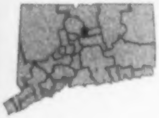
Children's Racial/Ethnic Background
White 76.6%
Black 8.3%
Other Races 15.0%
Hispanic (may be of any race) 22.3%

Berlin
New Britain
Plainville



Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
			100% 75% 50% 25% 0		0 25% 50% 75% 100%
Child Poverty percent of all children, 1990	4,189	18.3	76%	10.4	
Living With Two Parents percent of all children, 1990	15,167	64.9	10%	72.5	
Low Birthweight per 1,000 births, avg. 1988-90	123	74.5	10%	67.6	
Infant Mortality per 1,000 live births, avg. 1988-90	14	8.5		8.6	1%
Births To Teen Mothers percent of all births, avg. 1988-90	185	11.2	33%	8.4	
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	3	17.9		23.8	25%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	15	1.7	73%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	432	48.2	47%	32.9	
High School Dropouts percent of all students grades 9-12, 1992	282	7.9	68%	4.7	
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	61	660.9	52%	436.1	

Hartford



Hartford

Total Number of Children	38,390
Percent of Total Population	27.5
Per Capita Income	$11,081

Children's Racial/Ethnic Background

White	24.7%
Black	44.2%
Other Races	31.1%
Hispanic (may be of any race)	46.7%

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	16,054	43.6	319%	10.4	
Living With Two Parents percent of all children, 1990	11,638	30.3	58%	72.5	
Low Birthweight per 1,000 births, avg. 1988-90	393	124.3	84%	67.6	
Infant Mortality per 1,000 live births, avg. 1988-90	50	15.8	84%	8.6	
Births To Teen Mothers percent of all births, avg. 1988-90	708	22.4	167%	8.4	
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	9	30.4	28%	23.8	
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	10	0.6	90%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	1,313	75.6	130%	32.9	
High School Dropouts percent of all students grades 9-12, 1992	954	16.2	245%	4.7	
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	180	1,145.5	163%	436.1	

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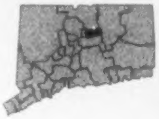
Capitol I

Total Number of Children 20,992
Percent of Total Population 20.6
Per Capita Income $17,627

Children's Racial/Ethnic Background
White 84.4%
Black 9.9%
Other Races 5.7%
Hispanic (may be of any race) 6.7%

East Hartford

Manchester



Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	1,333	6.5		10.4	38%
Living With Two Parents percent of all children, 1990	14,858	70.8	2%	72.5	
Low Birthweight per 1,000 births, avg. 1988-90	87	60.1		67.6	11%
Infant Mortality per 1,000 live births, avg. 1988-90	13	8.7	1%	8.6	
Births To Teen Mothers percent of all births, avg. 1988-90	97	6.7		8.4	20%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	4	24.4	3%	23.8	
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	45	4.6	26%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	292	29.7		32.9	10%
High School Dropouts percent of all students grades 9-12, 1992	162	4.1		4.7	13%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	31	354.8		436.1	19%

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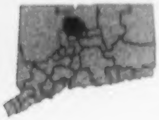
Capitol II



Avon
Bloomfield
Canton
Simsbury
West Hartford

Total Number of Children	25,984
Percent of Total Population	21.0
Per Capita Income	$27,077

Children's Racial/Ethnic Background

White	85.2%
Black	10.4%
Other Races	4.4%
Hispanic (may be of any race)	3.6%

Indicator	Region No.	Region Rate	Worse Than State Rate (100% · 75% · 50% · 25% · 0)	State Rate	Better Than State Rate (0 · 25% · 50% · 75% · 100%)
Child Poverty percent of all children, 1990	667	2.6		10.4	75%
Living With Two Parents percent of all children, 1990	21,656	83.3		72.5	15%
Low Birthweight per 1,000 births, avg. 1988-90	67	49.5		67.6	27%
Infant Mortality per 1,000 live births, avg. 1988-90	9	6.7		8.6	22%
Births To Teen Mothers percent of all births, avg. 1988-90	41	3.0		8.4	64%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	5	23.1		23.8	3%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	152	11.8		6.2	90%
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	208	16.1		32.9	51%
High School Dropouts percent of all students grades 9-12, 1992	93	1.9		4.7	60%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	36	303.0		436.1	31%

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Capitol III

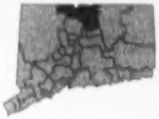
Total Number of Children	33,495
Percent of Total Population	23.1
Per Capita Income	$19,233

Children's Racial/Ethnic Background

White	91.0%
Black	5.7%
Other Races	3.3%
Hispanic (may be of any race)	2.6%

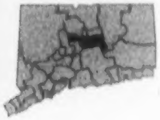
East Granby
East Windsor
Enfield
Granby
Hartland

South Windsor
Suffield
Windsor
Windsor Locks



Indicator	Region No.	Region Rate	Worse Than State Rate (100% – 75% – 50% – 25% – 0)	State Rate	Better Than State Rate (0 – 25% – 50% – 75% – 100%)
Child Poverty percent of all children, 1990	758	2.3		10.4	78%
Living With Two Parents percent of all children, 1990	27,429	81.9		72.5	13%
Low Birthweight per 1,000 births, avg. 1988-90	116	55.5		67.6	18%
Infant Mortality per 1,000 live births, avg. 1988-90	16	7.6		8.6	12%
Births To Teen Mothers percent of all births, avg. 1988-90	77	3.7		8.4	56%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	5	20.1		23.8	16%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	159	9.5		6.2	53%
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	375	22.5		32.9	32%
High School Dropouts percent of all students grades 9-12, 1992	195	3.4		4.7	28%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	34	241.1		436.1	45%

Capitol IV



Farmington
Glastonbury
Marlborough

Newington
Rocky Hill
Wethersfield

Total Number of Children 25,583
Percent of Total Population 20.4
Per Capita Income $23,426

Children's Racial/Ethnic Background

White 94.7%
Black 1.8%
Other Races 3.5%
Hispanic (may be of any race) 2.7%

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	588	2.3		10.4	78%
Living With Two Parents percent of all children, 1990	21,550	84.2		72.5	16%
Low Birthweight per 1,000 births, avg. 1988-90	71	49.5		67.6	27%
Infant Mortality per 1,000 live births, avg. 1988-90	13	8.8	2%	8.6	
Births To Teen Mothers percent of all births, avg. 1988-90	22	1.5		8.4	82%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	5	23.5		23.8	1%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	146	10.6		6.2	71%
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	222	16.2		32.9	51%
High School Dropouts percent of all students grades 9-12, 1992	66	1.4		4.7	70%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	33	292.9		436.1	33%

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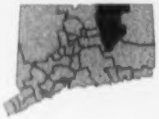
Capitol V

Total Number of Children 29,006
Percent of Total Population 22.5
Per Capita Income.......................................$17,849

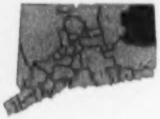
Children's Racial/Ethnic Background
White 95.4%
Black 1.7%
Other Races 2.9%
Hispanic (may be of any race) 2.1%

Andover
Bolton
Columbia
Coventry
Ellington
Hebron
Mansfield
Somers
Stafford
Tolland
Union
Vernon
Willington



Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	1,228	4.3		10.4	59%
Living With Two Parents percent of all children, 1990	23,784	82.0		72.5	13%
Low Birthweight per 1,000 births, avg. 1988-90	88	50.2		67.6	26%
Infant Mortality per 1,000 live births, avg. 1988-90	10	5.7		8.6	34%
Births To Teen Mothers percent of all births, avg. 1988-90	85	4.9		8.4	42%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	2	10.2		23.8	57%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	124	8.5		6.2	37%
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	303	20.8		32.9	37%
High School Dropouts percent of all students grades 9-12, 1992	149	3.0		4.7	36%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	24	196.0		436.1	55%

Northeast



Ashford
Brooklyn
Canterbury
Chaplin
Eastford
Hampton
Killingly
Plainfield
Pomfret
Putnam
Scotland
Sterling
Thompson
Windham
Woodstock

Total Number of Children	26,363
Percent of Total Population	25.7
Per Capita Income	$14,520

Children's Racial/Ethnic Background

White	93.7%
Black	1.3%
Other Races	5.0%
Hispanic (may be of any race)	6.8%

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	2,953	11.4	10%	10.4	
Living With Two Parents percent of all children, 1990	19,348	73.4		72.5	1%
Low Birthweight per 1,000 births, avg. 1988-90	95	62.8		67.6	7%
Infant Mortality per 1,000 live births, avg. 1988-90	11	7.5		8.6	13%
Births To Teen Mothers percent of all births, avg. 1988-90	157	10.4	24%	8.4	
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	5	23.7	0%	23.8	0%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	59	4.4	29%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	509	37.8	15%	32.9	
High School Dropouts percent of all students grades 9-12, 1992	211	4.2		4.7	11%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	43	382.6		436.1	12%

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Southeast

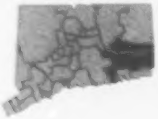
Total Number of Children	32,940
Percent of Total Population	25.1
Per Capita Income	$16,639

Children's Racial/Ethnic Background

White	93.6%
Black	3.4%
Other Races	3.1%
Hispanic (may be of any race)	2.8%

Bozrah
Colchester
Franklin
Griswold
Lebanon
Ledyard
Lisbon

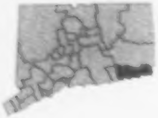
Lyme
Montville
North Stonington
Norwich
Old Lyme
Preston
Salem



Sprague
Voluntown

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
			100% 75% 50% 25% 0		0 25% 50% 75% 100%
Child Poverty percent of all children, 1990	3,012	9.4		10.4	10%
Living With Two Parents percent of all children, 1990	25,569	77.6		72.5	7%
Low Birthweight per 1,000 births, avg. 1988-90	114	56.5		67.6	16%
Infant Mortality per 1,000 live births, avg. 1988-90	14	7.1		8.6	17%
Births To Teen Mothers percent of all births, avg. 1988-90	163	8.1		8.4	4%
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	5	19.1		23.8	20%
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	103	6.2	0%	6.2	0%
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	441	26.7		32.9	19%
High School Dropouts percent of all students grades 9-12, 1992	202	3.6		4.7	23%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	61	438.8	1%	436.1	

Southeast Shore



East Lyme
Groton
New London
Stonington
Waterford

Total Number of Children	27,066
Percent of Total Population	21.8
Per Capita Income	$16,768

Children's Racial/Ethnic Background

White	83.5%
Black	9.5%
Other Races	6.9%
Hispanic (may be of any race)	7.8%

Indicator	Region No.	Region Rate	Worse Than State Rate	State Rate	Better Than State Rate
Child Poverty percent of all children, 1990	2,444	9.2		10.4	12%
Living With Two Parents percent of all children, 1990	20,353	75.2		72.5	4%
Low Birthweight per 1,000 births, avg. 1988-90	117	57.7		67.6	15%
Infant Mortality per 1,000 live births, avg. 1988-90	22	10.9	27%	8.6	
Births To Teen Mothers percent of all births, avg. 1988-90	181	9.0	7%	8.4	
Child Deaths per 100,000 children ages 1-14, avg. 1988-90	7	30.7	29%	23.8	
Students Meeting Mastery Test Goal percent of all sixth grade students, 1993	45	3.9	37%	6.2	
Students Below Mastery Test Remedial percent of all sixth grade students, 1993	433	37.5	14%	32.9	
High School Dropouts percent of all students grades 9-12, 1992	206	4.7	0%	4.7	0%
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-92	49	480.7	10%	436.1	

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ISBN 1-885144-08-3